

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

Name of Organization FREMONT AVENUE OF FLAGS		Tax Year 2024	Value of Motor Vehicles 4,500
Name of Owner of Property JOHN GIBSON		County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address PO Box 532		Contact Name JOHN GIBSON	Phone Number 402-214-6161
City FREMONT	State NE	Zip Code 68025	Email Address GIBBY GARCIA @ GMAIL.COM

Type of Ownership
 Agricultural and Horticultural Society
 Educational Organization
 Religious Organization
 Charitable Organization
 Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
VERN GIBSON	CHAIR	PO Box 532
CHRIS MADSEN	CO-CHAIR	
JOHN GIBSON	CO-CHAIR	

Description of the Motor Vehicles
• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
GENERAL TRAILER #1	2016			
#2	2016			
#3	2016			
#4	2016			

Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society
 Educational
 Religious
 Charitable
 Cemetery

Are the motor vehicles used exclusively as indicated? (see instructions)

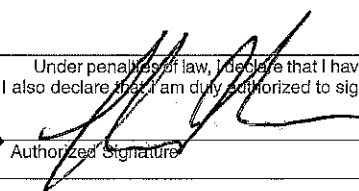
YES NO

If No, give percentage of exempt use: _____ %

Give a detailed description of the use of the motor vehicle:

TRAILER FOR FLAG STORAGE AND PARADE

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

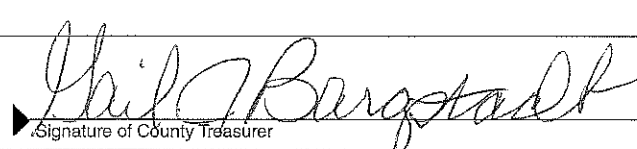
sign here  CHAIR FAOF 1/23/24

Authorized Signature Title Date

For County Treasurer Recommendation

Approval Denial

Comments: _____

 2/15/24

Signature of County Treasurer Date

For County Board of Equalization Use Only

Approved Denied

If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

Signature of County Board Member _____ Date _____

PLEASE MARK ALL THAT APPLY

FREMONT AVENUE OF FLAGS

<u>X</u>	<u>Plate No.</u>	<u>VIN No.</u>	<u>Year</u>	<u>Make</u>	<u>Vehicle</u>
<input type="checkbox"/>	YCD001	1DGCS142XGM019611	2016		CARGO
<input type="checkbox"/>	YCD003	1DGCS1429GM020815	2016	DOOLITTLE	CARGO
<input type="checkbox"/>	YCD002	1DGCS1421GM019612	2016	DOOLITTLE	CARGO
<input type="checkbox"/>	YCD004	1DGCS1420GM020816	2016	DOOLITTLE	CARGO

Please list any vehicles not listed above.

Please cross out any vehicles that you no longer have.

Authorized Signature

Date

Please return with Form 457