



Health Department of Northwest Michigan

serving Antrim, Charlevoix, Emmet, and Otsego Counties

Visit us at www.nwhealth.org

APPLICATION FOR TAX EXEMPTION

ANTRIM
209 Portage Dr.
Bellaire, MI 49615
231 533 8670
Fax 231 533 8450

NAME OF ORGANIZATION: _____

ADDRESS: _____

ANTRIM
205 Grove Street
Mancelona, MI 49659
231 587 5044
Fax 231 587 5313

NON-PROFIT TAX EXEMPT NUMBER: _____

As provided for in Michigan Food Code 1999, Act 92, P.A. 2000, I (we) hereby apply for exemption from Northwest Michigan Community Health Agency and the State of Michigan Food Service Establishment annual license fees.

I (we) further understand that such exemption applies only to the payment of established fees and does not exempt the organization from other provisions of the act.

Administrative Office
CHARLEVOIX
220 W. Garfield
Charlevoix, MI 49720
231 547 6523
Fax 231 547 6238

Type of organization:

_____ Charitable

_____ Service

_____ Religious

_____ Civic

_____ Fraternal

_____ Other non-profit

Specify: _____

EMMET
3434 Harbor-Petoskey
Suite A
Harbor Springs, MI
49740
231 347 6014
Fax 231 347 2861

I (we) as authorized representative(s) of the captioned organization hereby certify and attest that we are currently legally classified as a tax-exempt organization. I (we) further agree to notify Northwest Michigan Community Health Agency of any change in our tax status.

OTSEGO
95 Livingston Blvd.
Gaylord, MI 49735
989 732 1794
Fax 989 732 3285

Signed: _____
NAME TITLE

Home Address: _____

Phone: _____