



HEALTH DEPARTMENT *of Northwest Michigan*

APPLICATION FOR TAX EXEMPTION

Administrative Office
220 W. Garfield Ave.
Charlevoix, MI 49720
231 547 6523
231 547 6238 - fax

209 Portage Dr.
Bellaire, MI 49615
231 533 8670
231 533 8450 - fax

205 Grove St.
Mancelona, MI 49659
231 587 5052
231 587 5313 - fax

3434 M-119, Suite A
Harbor Springs, MI
49740
231 347 6014
231 347 2861 - fax

95 Livingston Blvd.
Gaylord, MI 49735
989 732 1794
989 732 3285 - fax

**Dental Clinics North
Administrative Office**
220 W. Garfield Ave.
Charlevoix, MI 49720
231 547 6523
231 547 6238 - fax

**Hospice of Northwest
Michigan**
220 W. Garfield Ave.
Charlevoix, MI 49720
800 551 4140
231 547 1164 - fax

**Northern Michigan
Regional Lab**
95 Livingston Blvd.
Suite D
Gaylord, MI 49735
989 732 1794
989 732 3285 - fax

NAME OF ORGANIZATION: _____

ADDRESS: _____

NON-PROFIT TAX EXEMPT NUMBER: _____

As provided for in Michigan Food Law 2000, Act 92, P.A. 2000, as amended, I (we) hereby apply for exemption from Health Department of Northwest Michigan 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.

Type of organization:

_____ Charitable

_____ Service

_____ Religious

_____ Civic

_____ Fraternal

_____ Other non-profit

Specify: _____

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 Health Department of Northwest Michigan of any change in our tax status.

Signed: _____
NAME TITLE

Home Address: _____

Phone: _____

