

**TOWN OF BAR HARBOR**  
**Office of Assessing and GIS**

93 Cottage Street  
Bar Harbor, Maine 04609  
Tel. 207-288-3320



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**Application for Exemption from Local Property Taxation**  
**Property of Institutions and Organizations**  
*Must be filed by April 1<sup>st</sup>*

NOTE: Please file one form for each property for which exemption from property taxation is requested.

To the Assessor of the Town of Bar Harbor: Pursuant to 36 MRSA, §652, or other designated statute, the undersigned requests exemption from the property tax for the real estate and/or personal property described below:

**1. Institution or Organization:**

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Please attach Article of Incorporation and By-Laws.

**2. Exempt Classification of Organization:** (indicate exemption requested)

- |   |   |
|---|---|
| <input type="checkbox"/> Charitable & Benevolent            | <input type="checkbox"/> Hospital/Blood Bank (S652.1.k leased property) |
| <input type="checkbox"/> Literary & Scientific              | <input type="checkbox"/> Nonprofit Hospital/Medical Service             |
| <input type="checkbox"/> Veteran's Association (Legion/VFW) | <input type="checkbox"/> Nonprofit Mental Health                        |
| <input type="checkbox"/> Chamber of Commerce/Board of Trade | <input type="checkbox"/> Nonprofit Child Care                           |
| <input type="checkbox"/> House of Religious Worship         | <input type="checkbox"/> Nonprofit Nursing Home/Boarding Home           |
| <input type="checkbox"/> Parsonage                          | <input type="checkbox"/> Nonprofit Residential Housing                  |
| <input type="checkbox"/> Fraternal Organization (Lodges)    | <input type="checkbox"/> Maine Health Facilities Org (Title 22 S2067)   |
| <input type="checkbox"/> Agricultural Fair Association      | <input type="checkbox"/> Other _____                                    |

**For any classification not listed above, you are required to list and attach Maine statutory authority for exempt status being requested. Statutory Citation(s):** \_\_\_\_\_

**3. Location of real estate and/or personal property.** *File separate applications for each parcel.*

Parcel ID (Map/Lot): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Street Address/Unit #: \_\_\_\_\_

**4. Description of real estate and/or personal property.** *Attach copy of deed.  
Hospitals/Blood Banks & HMOs, please submit copies of all applicable leases for which exemption is requested.*

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**5. Is any part of the facility utilized for employee housing? Yes  No**

If yes, please describe:

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**6. How does the organization use the income derived from its activities or rental of its facilities?** *Attach a copy of last year's financial statement.*

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**7. Statement of equipment, leased and owned in your possession on April 1<sup>st</sup>:**

Do you own machinery & equipment, furniture & fixtures? Yes  No

Do you have leased, or otherwise held, equipment? Yes  No

*If on April 1<sup>st</sup>, you have in your possession any business machines, machinery, equipment, furniture, fixtures, tools, etc. which are owned, loaned, leased, stored or otherwise held, you are requested to attach a list identifying the full name and address of the owner, quantity and description of the equipment.*

**Authorized representative of organization filing this application:**

**I, the undersigned, hereby certify that the information contained within this application and attachments are true, correct, and complete.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Attach additional pages as necessary to completely answer each question.**

**Have you attached all additional materials necessary to file a complete application?**

**Articles of Incorporation** \_\_\_\_, **By-Laws** \_\_\_\_, **Deed** \_\_\_\_, **Financial Statement** \_\_\_\_, **State Exemption Certificate** \_\_\_\_, **Applicable Leases** \_\_\_\_, **Personal Property (Business Equipment) List** \_\_\_\_, **IRS Form 990** \_\_\_\_.