

TO BE FILED WITH  
YOUR COUNTY  
TREASURER

# Exemption Application

for Tax Exemption on Motor Vehicles Owned  
by Qualifying Nonprofit Organizations  
• Read instructions on reverse side

FORM  
457

Applicant's Name <b>Daniel J Gross</b>		County <b>Saspy</b>	Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address <b>7700 S. 43rd St</b>		County Number <b>59</b>	
City <b>BelleVue</b>	State <b>Ne</b>	Zip Code <b>68147</b>	
		State Where Incorporated <b>Ne</b>	

Identify Officers, Directors, or Partners	
Title	Name, Address, City, State, Zip Code
President	Beckie Cleveland 7700 So 43rd BelleVue, NE
Transportation Manager	Mike Dempsey 68147

**LIST SPECIFIC DESCRIPTION OF THE MOTOR VEHICLES**  
• Attach additional sheet if necessary

Vehicle Make	Model Year	Body Type	Vehicle Identification Number	Registration Date or Date of Acquisition if Newly Purchased
Ford	2001	WGN		August Exp
Ford	1999	WGN		

Nature of Use of Motor Vehicle:  
 Agricultural/Horticultural   
 Educational   
 Religious   
 Charitable   
 Cemetery

Give detailed description of use, including an explanation if multiple classifications exist:

**Used by Administration + STAFF @ Gross Catholic for official school use**

Are the motor vehicles used exclusively as indicated?  
 YES     NO

If No, give percentage: \_\_\_\_\_ %

Under penalties of law, I declare that I have examined this application and, to the best of my knowledge and belief, it is correct and complete. I also declare that all delinquent taxes on the described property have been paid, that I am duly authorized to sign this exemption application, and that the organization owning said property does not discriminate in membership or employment based on race, color, or national origin.

**sign here** Mike Dempsey Transportation Manager 8/4/10  
Authorized Signature Title Date

**FOR COUNTY TREASURER'S RECOMMENDATION**

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL

Rich James 8-9-10  
Signature of County Treasurer Date

**FOR COUNTY BOARD OF EQUALIZATION USE ONLY**

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL

\_\_\_\_\_  
Authorized Signature Date

# Application for Exemption

from Motor Vehicle Taxes  
by Qualifying Nonprofit Organizations  
•Read Instructions on reverse side

**FORM  
457**

**TO BE FILED WITH  
YOUR COUNTY  
TREASURER**

Applicant's Name <b>Bellevue University</b>			County <b>Saspy</b>	Type of Ownership Nonprofit Corporation <input checked="" type="checkbox"/> Other (specify): <b>Education</b>
Street or Other Mailing Address <b>1000 Galvin Road South</b>			County Number	
City <b>Bellevue</b>	State <b>NE</b>	Zip Code <b>68005</b>	State Where Incorporated	

Identify Officers, Directors, or Partners	
Title	Name, Address, City, State, Zip Code
Dr. Mary Hawkins	414 Greenbriar Ct. Bellevue NE 68005
Dr. John Muller	13303 Lockmoor Circle Bellevue, NE 68123
Mr. Gerald Blasig	7714 12th Street Murray, NE 68409

**LIST SPECIFIC DESCRIPTION OF THE MOTOR VEHICLES**  
• Attach additional sheet if necessary

Vehicle Make	Model Year	Body Type	Vehicle Identification Number	Registration Date or Date of Acquisition if Newly Purchased
<b>Cherrolet</b>	<b>2010</b>	<b>Express Van</b>	<b>1GA2G10G2A1174688</b>	<b>8/6/10</b>

Nature of Use of Motor Vehicle:

Agricultural/Horticultural   
  Educational   
  Religious   
  Charitable   
  Cemetery

Are the motor vehicles used exclusively as indicated?  
 YES     NO  
 If No, give percentage: \_\_\_\_\_ %

Give detailed description of use, including an explanation if multiple classifications exist:

Vehicle used for faculty and staff, recruiting and other official Bellevue University business.

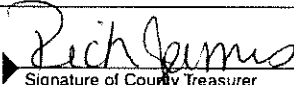
Under penalties of law, I declare that I have examined this application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application, and that the organization owning said property does not discriminate in membership or employment based on race, color, or national origin.

**sign here**  Director of Maintenance 8-10-10  
Authorized Signature Title Date

**FOR COUNTY TREASURER'S RECOMMENDATION**

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL

 8-17-10  
Signature of County Treasurer Date

**FOR COUNTY BOARD OF EQUALIZATION USE ONLY**

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL

\_\_\_\_\_  
Authorized Signature Date



