

Form ST3, Certificate of Exemption

Purchaser: Complete this certificate and give it to the seller.

Seller: If this certificate is not completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked. This certificate remains in force as long as the purchaser continues making purchases or until otherwise cancelled by the purchaser.

Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make purchases for a specific job. Enter the exempt entity name and specific project:

Exempt entity name _____ Project description _____

Name of Purchaser Minnesota Streetcar Museum				
Business Address PO Box 16509		City Minneapolis	State MN	ZIP code 55416
Purchaser's Tax ID Number 34-2030631		State of Issue Minnesota		
If no tax ID number, Enter one of the following:		FEIN	Driver's license number/State issued ID number	
			State of issue	Number
Name of seller from whom you are purchasing, leasing, or renting				
Seller's Address				
		City	State	ZIP code

Type of Business

- | | |
|--|--|
| <input type="checkbox"/> 01 Accommodation and food services
<input type="checkbox"/> 02 Agricultural, forestry, fishing, hunting
<input type="checkbox"/> 03 Construction
<input type="checkbox"/> 04 Finance and insurance
<input type="checkbox"/> 05 Information, publishing and communications
<input type="checkbox"/> 06 Manufacturing
<input type="checkbox"/> 07 Mining
<input type="checkbox"/> 08 Real estate
<input type="checkbox"/> 09 Rental and leasing
<input type="checkbox"/> 10 Retail trade | <input type="checkbox"/> 11 Transportation and warehousing
<input type="checkbox"/> 12 Utilities
<input type="checkbox"/> 13 Wholesale trade
<input type="checkbox"/> 14 Business services
<input type="checkbox"/> 15 Professional services
<input type="checkbox"/> 16 Education and health-care services
<input checked="" type="checkbox"/> 17 Nonprofit organization
<input type="checkbox"/> 18 Government
<input type="checkbox"/> 19 Not a business (explain) _____
<input type="checkbox"/> 20 Other (explain) _____ |
|--|--|

Reason for Exemption (See Instructions)

- | | |
|--|--|
| <input type="checkbox"/> A Federal government (department) _____
<input type="checkbox"/> B Specific government exemption _____
<input type="checkbox"/> C Tribal government (name) _____
<input type="checkbox"/> D Foreign diplomat # _____
<input checked="" type="checkbox"/> E Charitable organization # 7578213
<input type="checkbox"/> F Educational organization # _____
<input type="checkbox"/> G Religious organization # _____
<input type="checkbox"/> H Resale
<input type="checkbox"/> I Qualifying capital equipment (see instructions when equipment claimed is part of a construction project) | <input type="checkbox"/> J Agricultural production
<input type="checkbox"/> K Industrial production/manufacturing
<input type="checkbox"/> L Direct pay authorization
<input type="checkbox"/> M Multiple points of use (services, digital goods, or computer software delivered electronically)
<input type="checkbox"/> N Direct mail
<input type="checkbox"/> O Other (enter number from instructions) _____
<input type="checkbox"/> P Percentage exemption
<input type="checkbox"/> Advertising (enter percentage) _____ %
<input type="checkbox"/> Utilities (enter percentage) _____ %
<input type="checkbox"/> Electricity (enter percentage) _____ % |
|--|--|

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY: If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

Signature of Authorized Purchaser 	Print Name Here David Downs	Title Treasurer	Date 1/1/2026
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