



# Form ST-5 Sales Tax Exempt Purchaser Certificate

Rev 8/00  
**Massachusetts  
Department of  
Revenue**

## Part 1. Exempt taxpayer information

To be completed by exempt government or 501(c)(3) organization

Name DORCHESTER HISTORICAL SOCIETY  
 Address 195 BOSTON ST  
 City BOSTON State MA Zip 02125  
 Exemption number 046 066 048  
 Issue date 01/02/00 Certificate expires on (date) 01/02/2015

Certification is hereby made that the organization named above is an exempt purchaser under Massachusetts General Laws, Chapter 64H, sections 6(d) or 6(e). All purchases of tangible personal property or services by this organization are exempt from taxation under said chapter to the extent that such property or services are used in the conduct of the business of the purchaser. Any abuse or misuse of this certificate by any tax-exempt organization or any unauthorized use of this certificate by any individual constitutes a serious violation and will lead to revocation.

Signature Rosanne Foley Title Asst. Treasurer Date 11/30/06

Warning: Willful misuse of this certificate may result in criminal tax evasion sanctions of up to one year in prison and \$10,000 (\$50,000 for corporations) in fines.

## Part 2. Agent information

To be completed by agent of exempt government or 501(c)(3) organization.

Name of agent's organization DORCHESTER HISTORICAL SOCIETY  
 Address 195 BOSTON ST  
 City BOSTON State MA Zip 02125  
 Agent's name ROSANNE FOLEY Title ASST. TREASURER  
 Address 65 WELLES AVE  
 City BOSTON State MA Zip 02124

I certify that in making this purchase, I am acting as an agent for the exempt organization named above (select one):

- Government organization (local public school, city/town government, state agency, etc.).  
 Attach Form ST-2, if available. If Form ST-2 is not available, enter exemption number, if known: \_\_\_\_\_  
 501(c)(3) organization (parochial school, Scout troop, etc.). Form ST-2 must be attached.

Signature Rosanne Foley Title ASST. TREAS. Date Nov. 30, 2006

## Part 3. Vendor information

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

- Check applicable box:  
 Single purchase certificate (attach detailed receipts or complete Part 4, on reverse)  
 Blanket certificate

500C 746632