Michigan Sales and Use Tax Certificate of Exemption

This exemption claim should be completed by the purchaser, provided to the seller, and is not valid unless the information in all four sections is complete. Do not send a copy to Treasury unless one is requested.

SECTION 1: TYPE OF PURCHASE Check one of the follow	ving:	
A. One-Time Purchase	C. Blanket Certificate	
Order or Invoice Number:	Expiration Date (maximum	of four years):
B. Blanket Certificate. Recurring Business Relationship	p	
The purchaser completing this form hereby claims exemption from ta seller named below. This claim is based upon: the purchaser's propo-		
Seller's Name and Address		for training A in page and the stands of the last stands and
SECTION 2: ITEMS COVERED BY THIS CERTIFICAT	'E	
Check one of the following:	_	
All items purchased.		
Limited to the following items:		
SECTION 3: BASIS FOR EXEMPTION CLAIM		
Check one of the following:		
For Lease. Purchaser will lease the property and elect based on rental receipts. Enter sales tax license or use		
2. X For Resale at Retail. Enter Sales Tax License Number	93-1901970	
3. Direct Pay - Authorized to pay use tax on qualified trans	sactions directly to Michigan Treasury under	account number:
The following exemptions DO NOT require the purchaser	to provide a number:	
Agricultural Production. Enter percentage:%		
 Government Entity (U.S. or its instrumentalities, State Church or House of Religious Worship (circle type of or 	[10] [10] [10] [10] [10] [10] [10] [10]	nprofit School, Nonprofit Hospital,
6. Contractor (provide Michigan Sales and Use Tax Cont	ractor Eligibility Statement (Form 3520)).	
 For Resale at Wholesale. 		
Industrial Processing. Enter percentage:%		
 Nonprofit Internal Revenue Code Section 501(c)(3), 50 	01(c)(4), or 501(c)(19) Exempt Organization	
 Nonprofit Organization with an authorized letter issued June 13, 1994 (use tax). 	by Michigan Department of Treasury prior t	to July 17, 1998 (sales tax) or
11. Rolling Stock purchased by an Interstate Motor Carrier	t.	
12. Other (explain):		
SECTION 4: CERTIFICATION		
I declare, under penalty of perjury, that the information on this certific	cate is true, that I have consulted the statute	as administrative rules and other
sources of law applicable to my exemption, and that I have exercise	[1] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	
law. In the event this claim is disallowed, I accept full responsibility for reimbursement to the vendor for tax and accrued interest.	or the payment of tax, penalty and any accr	ued interest, including, if necessary,
Business Name		Type of Business (see codes on page 2)
Good Vibes Eyewear, LLC		07) Retail
Business Address 3099 Broadmoor Ave SE	City, State, ZIP Code Kentwood MI 49512	
Business Telephone Number (include area code)	Name (Print or Type)	
(616) 813-9397	Monica Sparks	
Signature	Title	Date Signed

Partner

06/25/2023