

# Application for Property Tax Exemption

**Application deadline September 30<sup>th</sup> of the year preceding the taxation year**

FOR OFFICE USE ONLY									
Property Roll Identifier						Taxation Year		Date	
Legal Description	<i>Lot</i>	<i>Block</i>	<i>Plan</i>	<i>Part</i>	<i>Sec.</i>	<i>Township</i>	<i>Range</i>	<i>Mer.</i>	
Municipal Property Address									
Total Assessment			Land Assessment			Building Assessment			

PART 1 – PROPERTY INFORMATION <i>(Required by November 30<sup>th</sup> of the year preceding the taxation year)</i>		
Name of property owner	Telephone Number (Bus)	Telephone Number (Res)
Address of property owner	Postal Code	Fax Number
Address of property for which exemption is requested		
Portion/Area of the property held by the organization <input type="checkbox"/> All <input type="checkbox"/> Part Area Occupied is:		
Is there an agreement in place that confirms the portion of the property held by the organization?	<input type="checkbox"/> Yes If yes, provide expiry date _____ <span style="margin-left: 150px;"><i>(mm / dd / yyyy)</i></span>	Date organization took occupancy <i>(mm / dd / yyyy)</i>
<input type="checkbox"/> No		

PART 2 – ORGANIZATION INFORMATION		
Name of organization operating the facility used for arts or a museum	Telephone Number (Bus)	Fax Number
Act under which organization is registered as a non-profit organization	Registration Number	
Organization's objectives/purposes		
1.		
2.		
3.		
4.		
5.		
a) Are the resources of this organization devoted to the above objectives/purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, attach explanation	
b) Are there any monetary gains or benefits received by the organization as a result of its provision of services?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
c) Does your organization expect to move from this property during the following year(s)?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
d) Is any income or profits from the organization paid to a member or shareholder of the organization other than as wages?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
e) Are the organization's services similar to any other organization and /or business?	<input type="checkbox"/> Yes If Yes, attach a sheet providing the organization/business name(s) <input type="checkbox"/> No	

This information is being collected for property tax exemption purposes in accordance with the Municipal Government Act and Community Organization Property Tax Exemption Regulation (AR281/98) and s.33(c) of the Freedom of Information and Protection of Privacy Act. All personal information will be managed in compliance with the provisions of the FOIP Act. Questions about the collection of this information can be directed to \_\_\_\_\_.

(Municipality Contact Information)

**PART 3 – RETAIL COMMERCIAL OR LICENSED AREA**Does the organization have a retail commercial area at this location?  Yes  NoIf yes, do you operate this area?  Yes  No

What goods or services are sold at the retail commercial area?

For what purpose is the net income from the retail commercial area used?

Has an area within the facility been issued a gaming/liquor license?  Yes If yes, enclose copy  No

Class

Area (Sq.Ft)

**PART 4 – PROPERTY USE INFORMATION specific to an arts/museum facility**

What facilities are on the property?

- 1.
- 2.
- 3.
- 4.
- 5.

What are the membership requirements including fees?

Are there any restrictions in place preventing anyone from using the facility?  Yes  No

If there are restrictions, explain

Are the services provided by the organization advertised and promoted to the general public, or primarily to members?  General Public  Members**PART 5 – CONTACT INFORMATION**

Contact Name	Position with Organization	Telephone Number (Bus)	Telephone Number (Res)
Mailing Address for non profit organization		Postal Code	Fax Number
President of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number
Treasurer of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number

**PART 6 – REQUIRED INFORMATION – *please ensure the following are submitted as attachments***

- 1) Certificate of Incorporation, current confirmation that the organization is registered in good standing and the Memorandum of Association and the Articles of Association, if any.
- 2) Copies of:
  - The organizations most current financial statements,
  - Certificate of Title (if applicable),
  - The current lease agreement with the property owner (if applicable),
  - A plan showing the area leased.
- 3) If applicable, a letter from the property owner confirming that he/she is aware of this exemption application and understands that the municipality will estimate taxes on the area occupied by the organization based on methodology that may be different from that used by the landlord.
- 4) Any available brochures, newsletters or other pertinent information relative to the organization.
- 5) Any other information that the Assessment Department may deem necessary.

*I certify that I am authorized to submit this application on behalf of the organization, and that the information provided on this application form, and as attachments to this form, is true and accurate in every respect, and that all information required under Part 6 of this application is included.*

Name (Please Print)

Date

Position

Signature

# Application for Property Tax Exemption Care and Supervision of Children

**Application deadline September 30<sup>th</sup> of  
the year preceding the taxation year**

FOR OFFICE USE ONLY									
Property Roll Identifier						Taxation Year		Date	
Legal Description	<i>Lot</i>	<i>Block</i>	<i>Plan</i>	<i>Part</i>	<i>Sec.</i>	<i>Township</i>		<i>Range</i>	<i>Mer.</i>
Municipal Property Address									
Total Assessment			Land Assessment			Building Assessment			

PART 1 – PROPERTY INFORMATION <i>(Required by November 30<sup>th</sup> of the year preceding the taxation year)</i>			
Name of property owner		Telephone Number (Bus)	Telephone Number (Res)
Address of property owner		Postal Code	Fax Number
Address of property for which exemption is requested			
Portion/Area of the property held by the organization <input type="checkbox"/> All <input type="checkbox"/> Part Area Occupied is:			
Is there an agreement in place that confirms the portion of the property held by the organization? <input type="checkbox"/> Yes If yes, provide expiry date _____ <input type="checkbox"/> No		Date organization took occupancy (mm / dd / yyyy)	Date organization took occupancy (mm / dd / yyyy)
PART 2 – ORGANIZATION INFORMATION			
Name of organization operating the facility used for care and supervision of children		Telephone Number (Bus)	Fax Number
Act under which organization is registered as a non-profit organization		Registration Number	
Organization's objectives/purposes			
1.			
2.			
3.			
4.			
5.			
a) Are the resources of this organization devoted to the above objectives/purposes?		<input type="checkbox"/> Yes <input type="checkbox"/> No If No, attach explanation	
b) Are there any monetary gains or benefits received by the organization as a result of its provision of services?		<input type="checkbox"/> Yes If Yes, attach explanation	<input type="checkbox"/> No
c) Does your organization expect to move from this property during the following year(s)?		<input type="checkbox"/> Yes If Yes, attach explanation	<input type="checkbox"/> No
d) Is any income or profits from the organization paid to a member or shareholder of the organization other than as wages?		<input type="checkbox"/> Yes If Yes, attach explanation	<input type="checkbox"/> No
e) Are the organization's services similar to any other organization and /or business?		<input type="checkbox"/> Yes If Yes, attach a sheet providing the organization/business name(s)	<input type="checkbox"/> No

This information is being collected for property tax exemption purposes in accordance with the Municipal Government Act and Community Organization Property Tax Exemption Regulation (AR281/98) and s.33(c) of the Freedom of Information and Protection of Privacy Act. All personal information will be managed in compliance with the provisions of the FOIP Act. Questions about the collection of this information can be directed to \_\_\_\_\_  
(Municipality Contact Information)

**PART 3 – RETAIL COMMERCIAL OR LICENSED AREA**Does the organization have a retail commercial area at this location?  Yes  NoIf yes, do you operate this area?  Yes  No

What goods or services are sold at the retail commercial area?

For what purpose is the net income from the retail commercial area used?

Has an area within the facility been issued a gaming/liquor license?  Yes If yes, enclose copy  No

Class

Area (Sq.Ft)

**PART 4 – PROPERTY USE INFORMATION specific to a facility for the care/supervision of children**Is the organization licensed under the Daycare Regulation by the Province?  Yes If yes, enclose copy  No

How many children are you licensed for?

How many full time children are supervised?

What type of facility do you operate?

 Daycare Nursery School Drop-In CenterAre there any restrictions in place preventing anyone from using the facility?  Yes  No  
If there are restrictions, explain**PART 5 – CONTACT INFORMATION**

Contact Name	Position with Organization	Telephone Number (Bus)	Telephone Number (Res)
Mailing Address for non profit organization		Postal Code	Fax Number
President of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number
Treasurer of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number

**PART 6 – REQUIRED INFORMATION – *please ensure the following are submitted as attachments***

- 1) Certificate of Incorporation, current confirmation that the organization is registered in good standing and the Memorandum of Association and the Articles of Association, if any.
- 2) Copies of:
  - The organizations most current financial statements,
  - Certificate of Title (if applicable),
  - The current lease agreement with the property owner (if applicable),
  - A plan showing the area leased.
- 3) If applicable, a letter from the property owner confirming that he/she is aware of this exemption application and understands that the municipality will estimate taxes on the area occupied by the organization based on methodology that may be different from that used by the landlord.
- 4) Any available brochures, newsletters or other pertinent information relative to the organization.
- 5) Any other information that the Assessment Department may deem necessary.

*I certify that I am authorized to submit this application on behalf of the organization, and that the information provided on this application form, and as attachments to this form, is true and accurate in every respect, and that all information required under Part 6 of this application is included.*

Name (Please Print)

Date

Position

Signature

# Application for Property Tax Exemption Linguistic Organization or Ethno Cultural Association

**Application deadline September 30<sup>th</sup> of  
the year preceding the taxation year**

FOR OFFICE USE ONLY									
Property Roll Identifier						Taxation Year		Date	
Legal Description	<i>Lot</i>	<i>Block</i>	<i>Plan</i>	<i>Part</i>	<i>Sec.</i>	<i>Township</i>	<i>Range</i>	<i>Mer.</i>	
Municipal Property Address									
Total Assessment			Land Assessment			Building Assessment			

PART 1 – PROPERTY INFORMATION <i>(Required by November 30<sup>th</sup> of the year preceding the taxation year)</i>		
Name of property owner	Telephone Number (Bus)	Telephone Number (Res)
Address of property owner	Postal Code	Fax Number
Address of property for which exemption is requested		
Portion/Area of the property held by the organization <input type="checkbox"/> All <input type="checkbox"/> Part Area Occupied is:		
Is there an agreement in place that confirms the portion of the property held by the organization?	<input type="checkbox"/> Yes If yes, provide expiry date _____ <span style="margin-left: 150px;"><i>(mm / dd / yyyy)</i></span>	Date organization took occupancy <i>(mm / dd / yyyy)</i>
<input type="checkbox"/> No		

PART 2 – ORGANIZATION INFORMATION		
Name of organization operating the facility used for linguistic and/or ethno cultural association	Telephone Number (Bus)	Fax Number
Act under which organization is registered as a non-profit organization	Registration Number	
Organization's objectives/purposes		
1.		
2.		
3.		
4.		
5.		
a) Are the resources of this organization devoted to the above objectives/purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, attach explanation	
b) Are there any monetary gains or benefits received by the organization as a result of its provision of services?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
c) Does your organization expect to move from this property during the following year(s)?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
d) Is any income or profits from the organization paid to a member or shareholder of the organization other than as wages?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
e) Are the organization's services similar to any other organization and /or business?	<input type="checkbox"/> Yes If Yes, attach a sheet providing the organization/business name(s) <input type="checkbox"/> No	

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(Municipality Contact Information)

**PART 3 – RETAIL COMMERCIAL OR LICENSED AREA**Does the organization have a retail commercial area at this location?  Yes  NoIf yes, do you operate this area?  Yes  No

What goods or services are sold at the retail commercial area?

For what purpose is the net income from the retail commercial area used?

Has an area within the facility been issued a gaming/liquor license?  Yes If yes, enclose copy  No

Class

Area (Sq.Ft)

**PART 4 – PROPERTY USE INFORMATION specific to linguistic and/or ethno cultural facilities**

What facilities are on the property?

- 1.
- 2.
- 3.
- 4.
- 5.

What times are they accessible to the general public?

What are the membership requirements including fees?

Are there any restrictions in place preventing anyone from using the facility?  Yes  No

If there are restrictions, explain

Are the services provided by the organization advertised and promoted to the general public, or primarily to members?  General Public  Members**PART 5 – CONTACT INFORMATION**

Contact Name	Position with Organization	Telephone Number (Bus)	Telephone Number (Res)
Mailing Address for non profit organization		Postal Code	Fax Number
President of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number
Treasurer of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number

**PART 6 – REQUIRED INFORMATION – *please ensure the following are submitted as attachments***

- 1) Certificate of Incorporation, current confirmation that the organization is registered in good standing and the Memorandum of Association and the Articles of Association, if any.
- 2) Copies of:
  - The organizations most current financial statements,
  - Certificate of Title (if applicable),
  - The current lease agreement with the property owner (if applicable),
  - A plan showing the area leased.
- 3) If applicable, a letter from the property owner confirming that he/she is aware of this exemption application and understands that the municipality will estimate taxes on the area occupied by the organization based on methodology that may be different from that used by the landlord.
- 4) Any available brochures, newsletters or other pertinent information relative to the organization.
- 5) Any other information that the Assessment Department may deem necessary.

*I certify that I am authorized to submit this application on behalf of the organization, and that the information provided on this application form, and as attachments to this form, is true and accurate in every respect, and that all information required under Part 6 of this application is included.*

Name (Please Print)

Date

Position

Signature

# Application for Property Tax Exemption Non Profit Organization

**Application deadline September 30<sup>th</sup> of  
the year preceding the taxation year**

FOR OFFICE USE ONLY									
Property Roll Identifier						Taxation Year		Date	
Legal Description	<i>Lot</i>	<i>Block</i>	<i>Plan</i>	<i>Part</i>	<i>Sec.</i>	<i>Township</i>	<i>Range</i>	<i>Mer.</i>	
Municipal Property Address									
Total Assessment			Land Assessment			Building Assessment			

PART 1 – PROPERTY INFORMATION <i>(Required by November 30<sup>th</sup> of the year preceding the taxation year)</i>			
Name of property owner		Telephone Number (Bus)	Telephone Number (Res)
Address of property owner		Postal Code	Fax Number
Address of property for which exemption is requested			
Portion/Area of the property held by the organization <input type="checkbox"/> All <input type="checkbox"/> Part Area Occupied is:			
Is there an agreement in place that confirms the portion of the property held by the organization? <input type="checkbox"/> Yes If yes, provide expiry date _____ <input type="checkbox"/> No <span style="margin-left: 100px;"><i>(mm / dd / yyyy)</i></span>			Date organization took occupancy <i>(mm / dd / yyyy)</i>

PART 2 – ORGANIZATION INFORMATION			
Name of organization operating the facility		Telephone Number (Bus)	Fax Number
Act under which organization is registered as a non-profit organization		Registration Number	
Organization's objectives/purposes			
1.			
2.			
3.			
4.			
5.			
a) Are the resources of this organization devoted to the above objectives/purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, attach explanation
b) Are there any monetary gains or benefits received by the organization as a result of its provision of services?	<input type="checkbox"/> Yes	If Yes, attach explanation	<input type="checkbox"/> No
c) Does your organization expect to move from this property during the following year(s)?	<input type="checkbox"/> Yes	If Yes, attach explanation	<input type="checkbox"/> No
d) Is any income or profits from the organization paid to a member or shareholder of the organization other than as wages?	<input type="checkbox"/> Yes	If Yes, attach explanation	<input type="checkbox"/> No
e) Are the organization's services similar to any other organization and /or business?	<input type="checkbox"/> Yes	If Yes, attach a sheet providing the organization/business name(s)	
	<input type="checkbox"/> No		

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*(Municipality Contact Information)*

**PART 3 – RETAIL COMMERCIAL OR LICENSED AREA**Does the organization have a retail commercial area at this location?  Yes  NoIf yes, do you operate this area?  Yes  No

What goods or services are sold at the retail commercial area?

For what purpose is the net income from the retail commercial area used?

Has an area within the facility been issued a gaming/liquor license?  Yes If yes, enclose copy  No

Class

Area (Sq.Ft)

**PART 4 – PROPERTY USE INFORMATION specific to a non profit organization**

What facilities are on the property?

- 1.
- 2.
- 3.
- 4.

What times are they accessible to the general public?

What are the membership requirements including fees?

Describe the purpose for which the facility is used.

Describe the typical beneficiary and where they reside.

Are there any restrictions in place preventing anyone from using the facility?  Yes  No

If there are restrictions, explain

Are the services provided by the organization advertised and promoted to the general public, or primarily to members?  General Public  Members**PART 5 – CONTACT INFORMATION**

Contact Name	Position with Organization	Telephone Number (Bus)	Telephone Number (Res)
Mailing Address for non profit organization		Postal Code	Fax Number
President of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number
Treasurer of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number

**PART 6 – REQUIRED INFORMATION – *please ensure the following are submitted as attachments***

- 1) Certificate of Incorporation, current confirmation that the organization is registered in good standing and the Memorandum of Association and the Articles of Association, if any.
- 2) Copies of:
  - The organizations most current financial statements,
  - Certificate of Title (if applicable),
  - The current lease agreement with the property owner (if applicable),
  - A plan showing the area leased.
- 3) If applicable, a letter from the property owner confirming that he/she is aware of this exemption application and understands that the municipality will estimate taxes on the area occupied by the organization based on methodology that may be different from that used by the landlord.
- 4) Any available brochures, newsletters or other pertinent information relative to the organization.
- 5) Any other information that the Assessment Department may deem necessary.

*I certify that I am authorized to submit this application on behalf of the organization, and that the information provided on this application form, and as attachments to this form, is true and accurate in every respect, and that all information required under Part 6 of this application is included.*

Name (Please Print)

Date

Position

Signature



# Application for Property Tax Exemption Thrift Shops or Sheltered Workshops

**Application deadline September 30<sup>th</sup> of  
the year preceding the taxation year**

FOR OFFICE USE ONLY									
Property Roll Identifier						Taxation Year		Date	
Legal Description	<i>Lot</i>	<i>Block</i>	<i>Plan</i>	<i>Part</i>	<i>Sec.</i>	<i>Township</i>	<i>Range</i>	<i>Mer.</i>	
Municipal Property Address									
Total Assessment			Land Assessment			Building Assessment			

PART 1 – PROPERTY INFORMATION <i>(Required by November 30<sup>th</sup> of the year preceding the taxation year)</i>		
Name of property owner	Telephone Number (Bus)	Telephone Number (Res)
Address of property owner	Postal Code	Fax Number
Address of property for which exemption is requested		
Portion/Area of the property held by the organization <input type="checkbox"/> All <input type="checkbox"/> Part Area Occupied is:		
Is there an agreement in place that confirms the portion of the property held by the organization?	<input type="checkbox"/> Yes If yes, provide expiry date _____ <span style="margin-left: 150px;"><i>(mm / dd / yyyy)</i></span>	Date organization took occupancy <i>(mm / dd / yyyy)</i>
<input type="checkbox"/> No		

PART 2 – ORGANIZATION INFORMATION		
Name of organization operating the facility used for a thrift shop or sheltered workshop	Telephone Number (Bus)	Fax Number
Act under which organization is registered as a non-profit organization	Registration Number	
Organization's objectives/purposes		
1.		
2.		
3.		
4.		
5.		
a) Are the resources of this organization devoted to the above objectives/purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, attach explanation	
b) Are there any monetary gains or benefits received by the organization as a result of its provision of services?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
c) Does your organization expect to move from this property during the following year(s)?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
d) Is any income or profits from the organization paid to a member or shareholder of the organization other than as wages?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
e) Are the organization's services similar to any other organization and /or business?	<input type="checkbox"/> Yes If Yes, attach a sheet providing the organization/business name(s) <input type="checkbox"/> No	

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(Municipality Contact Information)

**PART 3 – RETAIL COMMERCIAL OR LICENSED AREA**Does the organization have a retail commercial area at this location?  Yes  NoIf yes, do you operate this area?  Yes  No

What goods or services are sold at the retail commercial area?

For what purpose is the net income from the retail commercial area used?

Has an area within the facility been issued a gaming/liquor license?  Yes If yes, enclose copy  No

Class

Area (Sq.Ft)

**PART 4 – PROPERTY USE INFORMATION specific to thrift shops/sheltered workshops**

What facilities are on the property?

- 1.
- 2.
- 3.
- 4.

What are the membership requirements including fees?

Are there any restrictions in place preventing anyone from using the facility?  Yes  No

If there are restrictions, explain

**PART 5 – CONTACT INFORMATION**

Contact Name	Position with Organization	Telephone Number (Bus)	Telephone Number (Res)
Mailing Address for non profit organization		Postal Code	Fax Number
President of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number
Treasurer of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number

**PART 6 – REQUIRED INFORMATION – *please ensure the following are submitted as attachments***

- 1) Certificate of Incorporation, current confirmation that the organization is registered in good standing and the Memorandum of Association and the Articles of Association, if any.
- 2) Copies of:
  - The organizations most current financial statements,
  - Certificate of Title (if applicable),
  - The current lease agreement with the property owner (if applicable),
  - A plan showing the area leased.
- 3) If applicable, a letter from the property owner confirming that he/she is aware of this exemption application and understands that the municipality will estimate taxes on the area occupied by the organization based on methodology that may be different from that used by the landlord.
- 4) Any available brochures, newsletters or other pertinent information relative to the organization.
- 5) Any other information that the Assessment Department may deem necessary.

*I certify that I am authorized to submit this application on behalf of the organization, and that the information provided on this application form, and as attachments to this form, is true and accurate in every respect, and that all information required under Part 6 of this application is included.*

Name (Please Print)

Date

Position

Signature

# Application for Property Tax Exemption Chamber of Commerce

**Application deadline September 30<sup>th</sup> of  
the year preceding the taxation year**

FOR OFFICE USE ONLY									
Property Roll Identifier						Taxation Year		Date	
Legal Description	<i>Lot</i>	<i>Block</i>	<i>Plan</i>	<i>Part</i>	<i>Sec.</i>	<i>Township</i>	<i>Range</i>	<i>Mer.</i>	
Municipal Property Address									
Total Assessment			Land Assessment			Building Assessment			

PART 1 – PROPERTY INFORMATION <i>(Required by November 30<sup>th</sup> of the year preceding the taxation year)</i>		
Name of property owner	Telephone Number (Bus)	Telephone Number (Res)
Address of property owner	Postal Code	Fax Number
Address of property for which exemption is requested		
Portion/Area of the property held by the organization <input type="checkbox"/> All <input type="checkbox"/> Part Area Occupied is:		
Is there an agreement in place that confirms the portion of the property held by the organization?	<input type="checkbox"/> Yes If yes, provide expiry date _____ <span style="margin-left: 150px;"><i>(mm / dd / yyyy)</i></span>	Date organization took occupancy <i>(mm / dd / yyyy)</i>
<input type="checkbox"/> No		

PART 2 – ORGANIZATION INFORMATION		
Name of organization operating the facility used for a chamber of commerce activities	Telephone Number (Bus)	Fax Number
Act under which organization is registered as a non-profit organization	Registration Number	
Organization's objectives/purposes		
1.		
2.		
3.		
4.		
5.		
a) Are the resources of this organization devoted to the above objectives/purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, attach explanation	
b) Are there any monetary gains or benefits received by the organization as a result of its provision of services?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
c) Does your organization expect to move from this property during the following year(s)?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
d) Is any income or profits from the organization paid to a member or shareholder of the organization other than as wages?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
e) Are the organization's services similar to any other organization and /or business?	<input type="checkbox"/> Yes If Yes, attach a sheet providing the organization/business name(s) <input type="checkbox"/> No	

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(Municipality Contact Information)

**PART 3 – RETAIL COMMERCIAL OR LICENSED AREA**Does the organization have a retail commercial area at this location?  Yes  NoIf yes, do you operate this area?  Yes  No

What goods or services are sold at the retail commercial area?

For what purpose is the net income from the retail commercial area used?

Has an area within the facility been issued a gaming/liquor license?  Yes If yes, enclose copy  No

Class

Area (Sq.Ft)

**PART 4 – PROPERTY USE INFORMATION specific to a chamber of commerce**

What facilities are on the property?

- 1.
- 2.
- 3.
- 4.

What times are they accessible to the general public?

What are the membership requirements including fees?

Are there any restrictions in place preventing anyone from using the facility?  Yes  No

If there are restrictions, explain

Are the services provided by the organization advertised and promoted to the general public, or primarily to members?  General Public  Members**PART 5 – CONTACT INFORMATION**

Contact Name	Position with Organization	Telephone Number (Bus)	Telephone Number (Res)
--------------	----------------------------	------------------------	------------------------

Mailing Address for non profit organization	Postal Code	Fax Number
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President of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number
---------------------------	------------------------	------------------------	------------

Treasurer of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number
---------------------------	------------------------	------------------------	------------

**PART 6 – REQUIRED INFORMATION – *please ensure the following are submitted as attachments***

- 1) Certificate of Incorporation, current confirmation that the organization is registered in good standing and the Memorandum of Association and the Articles of Association, if any.
- 2) Copies of:
  - The organizations most current financial statements,
  - Certificate of Title (if applicable),
  - The current lease agreement with the property owner (if applicable),
  - A plan showing the area leased.
- 3) If applicable, a letter from the property owner confirming that he/she is aware of this exemption application and understands that the municipality will estimate taxes on the area occupied by the organization based on methodology that may be different from that used by the landlord.
- 4) Any available brochures, newsletters or other pertinent information relative to the organization.
- 5) Any other information that the Assessment Department may deem necessary.

*I certify that I am authorized to submit this application on behalf of the organization, and that the information provided on this application form, and as attachments to this form, is true and accurate in every respect, and that all information required under Part 6 of this application is included.*

Name (Please Print)

Date

Position

Signature

# Application for Property Tax Exemption Community Association

**Application deadline September 30<sup>th</sup> of  
the year preceding the taxation year**

FOR OFFICE USE ONLY									
Property Roll Identifier						Taxation Year		Date	
Legal Description	<i>Lot</i>	<i>Block</i>	<i>Plan</i>	<i>Part</i>	<i>Sec.</i>	<i>Township</i>	<i>Range</i>	<i>Mer.</i>	
Municipal Property Address									
Total Assessment			Land Assessment			Building Assessment			

PART 1 – PROPERTY INFORMATION <i>(Required by November 30<sup>th</sup> of the year preceding the taxation year)</i>		
Name of property owner	Telephone Number (Bus)	Telephone Number (Res)
Address of property owner	Postal Code	Fax Number
Address of property for which exemption is requested		
Portion/Area of the property held by the organization <input type="checkbox"/> All <input type="checkbox"/> Part Area Occupied is:		
Is there an agreement in place that confirms the portion of the property held by the organization?	<input type="checkbox"/> Yes If yes, provide expiry date _____ <span style="margin-left: 150px;"><i>(mm / dd / yyyy)</i></span>	Date organization took occupancy <i>(mm / dd / yyyy)</i>
<input type="checkbox"/> No		

PART 2 – ORGANIZATION INFORMATION		
Name of organization operating the facility for the benefit of the general public	Telephone Number (Bus)	Fax Number
Act under which organization is registered as a non-profit organization	Registration Number	
Organization's objectives/purposes		
1.		
2.		
3.		
4.		
5.		
a) Are the resources of this organization devoted to the above objectives/purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, attach explanation	
b) Are there any monetary gains or benefits received by the organization as a result of its provision of services?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
c) Does your organization expect to move from this property during the following year(s)?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
d) Is any income or profits from the organization paid to a member or shareholder of the organization other than as wages?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
e) Are the organization's services similar to any other organization and /or business?	<input type="checkbox"/> Yes If Yes, attach a sheet providing the organization/business name(s) <input type="checkbox"/> No	

This information is being collected for property tax exemption purposes in accordance with the Municipal Government Act and Community Organization Property Tax Exemption Regulation (AR281/98) and s.33(c) of the Freedom of Information and Protection of Privacy Act. All personal information will be managed in compliance with the provisions of the FOIP Act. Questions about the collection of this information can be directed to \_\_\_\_\_  
(Municipality Contact Information)

**PART 3 – RETAIL COMMERCIAL OR LICENSED AREA**Does the organization have a retail commercial area at this location?  Yes  NoIf yes, do you operate this area?  Yes  No

What goods or services are sold at the retail commercial area?

For what purpose is the net income from the retail commercial area used?

Has an area within the facility been issued a gaming/liquor license?  Yes If yes, enclose copy  No

Class

Area (Sq.Ft)

**PART 4 – PROPERTY USE INFORMATION specific to a community association**

What facilities are on the property?

- 1.
- 2.
- 3.
- 4.

Describe the charitable and benevolent purpose that is for the benefit of the general public.

- 1.
- 2.
- 3.
- 4.

What are the membership requirements including fees?

How many hours per week is this facility operated for this purpose?

Are there any restrictions in place preventing anyone from using the facility?  Yes  No

If there are restrictions, explain

**PART 5 – CONTACT INFORMATION**

Contact Name	Position with Organization	Telephone Number (Bus)	Telephone Number (Res)
Mailing Address for non profit organization		Postal Code	Fax Number
President of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number
Treasurer of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number

**PART 6 – REQUIRED INFORMATION – *please ensure the following are submitted as attachments***

- 1) Certificate of Incorporation, current confirmation that the organization is registered in good standing and the Memorandum of Association and the Articles of Association, if any.
- 2) Copies of:
  - The organizations most current financial statements,
  - Certificate of Title (if applicable),
  - The current lease agreement with the property owner (if applicable),
  - A plan showing the area leased.
- 3) If applicable, a letter from the property owner confirming that he/she is aware of this exemption application and understands that the municipality will estimate taxes on the area occupied by the organization based on methodology that may be different from that used by the landlord.
- 4) Any available brochures, newsletters or other pertinent information relative to the organization.
- 5) Any other information that the Assessment Department may deem necessary.

*I certify that I am authorized to submit this application on behalf of the organization, and that the information provided on this application form, and as attachments to this form, is true and accurate in every respect, and that all information required under Part 6 of this application is included.*

Name (Please Print)

Date

Position

Signature

# Application for Property Tax Exemption Fairs or Exhibitions

**Application deadline September 30<sup>th</sup> of  
the year preceding the taxation year**

FOR OFFICE USE ONLY									
Property Roll Identifier						Taxation Year		Date	
Legal Description	<i>Lot</i>	<i>Block</i>	<i>Plan</i>	<i>Part</i>	<i>Sec.</i>	<i>Township</i>	<i>Range</i>	<i>Mer.</i>	
Municipal Property Address									
Total Assessment			Land Assessment			Building Assessment			

PART 1 – PROPERTY INFORMATION <i>(Required by November 30<sup>th</sup> of the year preceding the taxation year)</i>		
Name of property owner	Telephone Number (Bus)	Telephone Number (Res)
Address of property owner	Postal Code	Fax Number
Address of property for which exemption is requested		
Portion/Area of the property held by the organization <input type="checkbox"/> All <input type="checkbox"/> Part Area Occupied is:		
Is there an agreement in place that confirms the portion of the property held by the organization?	<input type="checkbox"/> Yes If yes, provide expiry date _____ (mm / dd / yyyy) <input type="checkbox"/> No	Date organization took occupancy (mm / dd / yyyy)
PART 2 – ORGANIZATION INFORMATION		
Name of organization operating the facility used for fairs or exhibitions	Telephone Number (Bus)	Fax Number
Act under which organization is registered as a non-profit organization	Registration Number	
Organization's objectives/purposes		
1.		
2.		
3.		
4.		
5.		
a) Are the resources of this organization devoted to the above objectives/purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, attach explanation	
b) Are there any monetary gains or benefits received by the organization as a result of its provision of services?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
c) Does your organization expect to move from this property during the following year(s)?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
d) Is any income or profits from the organization paid to a member or shareholder of the organization other than as wages?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
e) Are the organization's services similar to any other organization and /or business?	<input type="checkbox"/> Yes If Yes, attach a sheet providing the organization/business name(s) <input type="checkbox"/> No	

This information is being collected for property tax exemption purposes in accordance with the Municipal Government Act and Community Organization Property Tax Exemption Regulation (AR281/98) and s.33(c) of the Freedom of Information and Protection of Privacy Act. All personal information will be managed in compliance with the provisions of the FOIP Act. Questions about the collection of this information can be directed to \_\_\_\_\_  
(Municipality Contact Information)

**PART 3 – RETAIL COMMERCIAL OR LICENSED AREA**Does the organization have a retail commercial area at this location?  Yes  NoIf yes, do you operate this area?  Yes  No

What goods or services are sold at the retail commercial area?

For what purpose is the net income from the retail commercial area used?

Has an area within the facility been issued a gaming/liquor license?  Yes If yes, enclose copy  No

Class

Area (Sq.Ft)

**PART 4 – PROPERTY USE INFORMATION specific to fairs or exhibition facilities**

What facilities are on the property?

- 1.
- 2.
- 3.
- 4.

What are the membership requirements including fees?

Are there any restrictions in place preventing anyone from using the facility?  Yes  No

If there are restrictions, explain

**PART 5 – CONTACT INFORMATION**

Contact Name	Position with Organization	Telephone Number (Bus)	Telephone Number (Res)
Mailing Address for non profit organization		Postal Code	Fax Number
President of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number
Treasurer of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number

**PART 6 – REQUIRED INFORMATION – *please ensure the following are submitted as attachments***

- 1) Certificate of Incorporation, current confirmation that the organization is registered in good standing and the Memorandum of Association and the Articles of Association, if any.
- 2) Copies of:
  - The organizations most current financial statements,
  - Certificate of Title (if applicable),
  - The current lease agreement with the property owner (if applicable),
  - A plan showing the area leased.
- 3) If applicable, a letter from the property owner confirming that he/she is aware of this exemption application and understands that the municipality will estimate taxes on the area occupied by the organization based on methodology that may be different from that used by the landlord.
- 4) Any available brochures, newsletters or other pertinent information relative to the organization.
- 5) Any other information that the Assessment Department may deem necessary.

*I certify that I am authorized to submit this application on behalf of the organization, and that the information provided on this application form, and as attachments to this form, is true and accurate in every respect, and that all information required under Part 6 of this application is included.*

Name (Please Print)

Date

Position

Signature



# Application for Property Tax Exemption Sports or Recreation Facility

**Application deadline September 30<sup>th</sup> of  
the year preceding the taxation year**

FOR OFFICE USE ONLY									
Property Roll Identifier						Taxation Year		Date	
Legal Description	<i>Lot</i>	<i>Block</i>	<i>Plan</i>	<i>Part</i>	<i>Sec.</i>	<i>Township</i>	<i>Range</i>	<i>Mer.</i>	
Municipal Property Address									
Total Assessment			Land Assessment			Building Assessment			

PART 1 – PROPERTY INFORMATION <i>(Required by November 30<sup>th</sup> of the year preceding the taxation year)</i>		
Name of property owner	Telephone Number (Bus)	Telephone Number (Res)
Address of property owner	Postal Code	Fax Number
Address of property for which exemption is requested		
Portion/Area of the property held by the organization <input type="checkbox"/> All <input type="checkbox"/> Part Area Occupied is:		
Is there an agreement in place that confirms the portion of the property held by the organization?	<input type="checkbox"/> Yes If yes, provide expiry date _____ <span style="margin-left: 150px;"><i>(mm / dd / yyyy)</i></span>	Date organization took occupancy <i>(mm / dd / yyyy)</i>
<input type="checkbox"/> No		
PART 2 – ORGANIZATION INFORMATION		
Name of organization operating the facility used for sports or recreation	Telephone Number (Bus)	Fax Number
Act under which organization is registered as a non-profit organization	Registration Number	
Organization's objectives/purposes		
1.		
2.		
3.		
4.		
5.		
a) Are the resources of this organization devoted to the above objectives/purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, attach explanation	
b) Are there any monetary gains or benefits received by the organization as a result of its provision of services?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
c) Does your organization expect to move from this property during the following year(s)?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
d) Is any income or profits from the organization paid to a member or shareholder of the organization other than as wages?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
e) Are the organization's services similar to any other organization and /or business?	<input type="checkbox"/> Yes If Yes, attach a sheet providing the organization/business name(s) <input type="checkbox"/> No	

This information is being collected for property tax exemption purposes in accordance with the Municipal Government Act and Community Organization Property Tax Exemption Regulation (AR281/98) and s.33(c) of the Freedom of Information and Protection of Privacy Act. All personal information will be managed in compliance with the provisions of the FOIP Act. Questions about the collection of this information can be directed to \_\_\_\_\_  
(Municipality Contact Information)

**PART 3 – RETAIL COMMERCIAL OR LICENSED AREA**Does the organization have a retail commercial area at this location?  Yes  NoIf yes, do you operate this area?  Yes  No

What goods or services are sold at the retail commercial area?

For what purpose is the net income from the retail commercial area used?

Has an area within the facility been issued a gaming/liquor license?  Yes If yes, enclose copy  No

Class

Area (Sq.Ft)

**PART 4 – PROPERTY USE INFORMATION specific to sports and recreation facilities**

List the sports and recreation activities occurring at the facility.

- 1.
- 2.
- 3.
- 4.

How many hours per week is your portion of the facility operated for sports and recreation?

Are the majority of those participating in sports or recreation under the age of 18?

 Yes  No

Percentage of time participants under the age of 18 use facility

What are the membership requirements including fees?

Are there any restrictions in place preventing anyone from using the facility?  Yes  No

If there are restrictions, explain

Are the services provided by the organization advertised and promoted to the general public, or primarily to members?

 General Public  Members**PART 5 – CONTACT INFORMATION**

Contact Name	Position with Organization	Telephone Number (Bus)	Telephone Number (Res)
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Mailing Address for non profit organization	Postal Code	Fax Number
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President of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number
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Treasurer of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number
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**PART 6 – REQUIRED INFORMATION – *please ensure the following are submitted as attachments***

- 1) Certificate of Incorporation, current confirmation that the organization is registered in good standing and the Memorandum of Association and the Articles of Association, if any.
- 2) Copies of:
  - The organizations most current financial statements,
  - Certificate of Title (if applicable),
  - The current lease agreement with the property owner (if applicable),
  - A plan showing the area leased.
- 3) If applicable, a letter from the property owner confirming that he/she is aware of this exemption application and understands that the municipality will estimate taxes on the area occupied by the organization based on methodology that may be different from that used by the landlord.
- 4) Any available brochures, newsletters or other pertinent information relative to the organization.
- 5) Any other information that the Assessment Department may deem necessary.

*I certify that I am authorized to submit this application on behalf of the organization, and that the information provided on this application form, and as attachments to this form, is true and accurate in every respect, and that all information required under Part 6 of this application is included.*

Name (Please Print)

Date

Position

Signature

# Application for Property Tax Exemption General

**Application deadline September 30<sup>th</sup> of  
the year preceding the taxation year**

FOR OFFICE USE ONLY									
Property Roll Identifier						Taxation Year		Date	
Legal Description	<i>Lot</i>	<i>Block</i>	<i>Plan</i>	<i>Part</i>	<i>Sec.</i>	<i>Township</i>	<i>Range</i>	<i>Mer.</i>	
Municipal Property Address									
Total Assessment			Land Assessment			Building Assessment			

PART 1 – PROPERTY INFORMATION <i>(Required by November 30<sup>th</sup> of the year preceding the taxation year)</i>		
Name of property owner	Telephone Number (Bus)	Telephone Number (Res)
Address of property owner	Postal Code	Fax Number
Address of property for which exemption is requested		
Portion/Area of the property held by the organization <input type="checkbox"/> All <input type="checkbox"/> Part Area Occupied is:		
Is there an agreement in place that confirms the portion of the property held by the organization?	<input type="checkbox"/> Yes If yes, provide expiry date _____ <span style="margin-left: 150px;"><i>(mm / dd / yyyy)</i></span>	Date organization took occupancy <i>(mm / dd / yyyy)</i>
<input type="checkbox"/> No		

PART 2 – ORGANIZATION INFORMATION		
Name of organization operating the facility	Telephone Number (Bus)	Fax Number
Act under which organization is registered as a non-profit organization	Registration Number	
Organization's objectives/purposes		
1.		
2.		
3.		
4.		
5.		
a) Are the resources of this organization devoted to the above objectives/purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, attach explanation	
b) Are there any monetary gains or benefits received by the organization as a result of its provision of services?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
c) Does your organization expect to move from this property during the following year(s)?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
d) Is any income or profits from the organization paid to a member or shareholder of the organization other than as wages?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
e) Are the organization's services similar to any other organization and /or business?	<input type="checkbox"/> Yes If Yes, attach a sheet providing the organization/business name(s) <input type="checkbox"/> No	

This information is being collected for property tax exemption purposes in accordance with the Municipal Government Act and Community Organization Property Tax Exemption Regulation (AR281/98) and s.33(c) of the Freedom of Information and Protection of Privacy Act. All personal information will be managed in compliance with the provisions of the FOIP Act. Questions about the collection of this information can be directed to \_\_\_\_\_.

(Municipality Contact Information)

**PART 3 – RETAIL COMMERCIAL OR LICENSED AREA**Does the organization have a retail commercial area at this location?  Yes  NoIf yes, do you operate this area?  Yes  No

What goods or services are sold at the retail commercial area?

For what purpose is the net income from the retail commercial area used?

Has an area within the facility been issued a gaming/liquor license?  Yes If yes, enclose copy  No

Class

Area (Sq.Ft)

**PART 4 – PROPERTY USE INFORMATION**

What facilities are on the property?

- 1.
- 2.
- 3.
- 4.
- 5.

What times are they accessible to the general public?

What are the membership requirements including fees?

Are there any restrictions in place preventing anyone from using the facility?  Yes  No

If there are restrictions, explain

Are the services provided by the organization advertised and promoted to the general public, or primarily to members?  General Public  Members**PART 5 – CONTACT INFORMATION**

Contact Name	Position with Organization	Telephone Number (Bus)	Telephone Number (Res)
Mailing Address for non profit organization		Postal Code	Fax Number
President of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number
Treasurer of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number

**PART 6 – REQUIRED INFORMATION – *please ensure the following are submitted as attachments***

- 2) Certificate of Incorporation, current confirmation that the organization is registered in good standing and the Memorandum of Association and the Articles of Association, if any.
- 3) Copies of:
  - The organizations most current financial statements,
  - Certificate of Title (if applicable),
  - The current lease agreement with the property owner (if applicable),
  - A plan showing the area leased.
- 4) If applicable, a letter from the property owner confirming that he/she is aware of this exemption application and understands that the municipality will estimate taxes on the area occupied by the organization based on methodology that may be different from that used by the landlord.
- 5) Any available brochures, newsletters or other pertinent information relative to the organization.
- 6) Any other information that the Assessment Department may deem necessary.

*I certify that I am authorized to submit this application on behalf of the organization, and that the information provided on this application form, and as attachments to this form, is true and accurate in every respect, and that all information required under Part 6 of this application is included.*

Name (Please Print)

Date

Position

Signature

# Application for Property Tax Exemption Short Form

**Application deadline September 30<sup>th</sup> of  
the year preceding the taxation year**

FOR OFFICE USE ONLY									
Property Roll Identifier						Taxation Year		Date	
Legal Description	<i>Lot</i>	<i>Block</i>	<i>Plan</i>	<i>Part</i>	<i>Sec.</i>	<i>Township</i>	<i>Range</i>	<i>Mer.</i>	
Municipal Property Address									
Total Assessment			Land Assessment			Building Assessment			

PART 1 – PROPERTY INFORMATION <i>(Required by November 30<sup>th</sup> of the year preceding the taxation year)</i>		
Name of property owner	Telephone Number (Bus)	Telephone Number (Res)
Address of property owner	Postal Code	Fax Number
Address of property for which exemption is requested		
Portion/Area of the property held by the organization <input type="checkbox"/> All <input type="checkbox"/> Part Area Occupied is:		
Is there an agreement in place that confirms the portion of the property held by the organization?	<input type="checkbox"/> Yes If yes, provide expiry date _____ <span style="margin-left: 150px;"><i>(mm / dd / yyyy)</i></span>	Date organization took occupancy <i>(mm / dd / yyyy)</i>
	<input type="checkbox"/> No	

PART 2 – ORGANIZATION INFORMATION			
Name of organization operating the facility	Telephone Number (Bus)	Fax Number	
Contact Name	Position with Organization	Telephone Number (Bus)	Telephone Number (Res)
Mailing Address for non profit organization			Postal Code
Organization's objectives/purposes			
1. 2. 3. 4. 5.			
List the facilities and services provided and how they benefit the general public			
1. 2. 3. 4. 5.			

**PART 3 – REQUIRED INFORMATION – *please ensure the following are submitted as attachments***

- 1) Certificate of Incorporation, current confirmation that the organization is registered in good standing and the Memorandum of Association and the Articles of Association, if any.
- 2) Copies of:
  - The organizations most current financial statements,
  - Certificate of Title (if applicable),
  - The current lease agreement with the property owner (if applicable),
  - A plan showing the area leased.
- 3) If applicable, a letter from the property owner confirming that he/she is aware of this exemption application and understands that the municipality will estimate taxes on the area occupied by the organization based on methodology that may be different from that used by the landlord.
- 4) Any available brochures, newsletters or other pertinent information relative to the organization.
- 5) Any other information that the Assessment Department may deem necessary.

*I certify that I am authorized to submit this application on behalf of the organization, and that the information provided on this application form, and as attachments to this form, is true and accurate in every respect, and that all information required under Part 3 of this application is included.*

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

*This information is being collected for property tax exemption purposes in accordance with the Municipal Government Act and Community Organization Property Tax Exemption Regulation (AR281/98) and s.33(c) of the Freedom of Information and Protection of Privacy Act. All personal information will be managed in compliance with the provisions of the FOIP Act. Questions about the collection of this information can be directed to \_\_\_\_\_*

*(Municipality Contact Information)*