Application for Property Tax Exemption Arts Facility or Museum

Application deadline September 30th of the year preceding the taxation year

				FOR OFF	ICE USE	ONLY					
Pı	operty Roll Identifier							Taxation `	Year	Date	
Le	egal Description	Lot	Block	Plan		Part	Sec.	Том	ınship	Range	Mer.
М	unicipal Property Addres	S									
Тс	otal Assessment			Land Assessme	nt			Building Ass	sessme	ent	
Ρ	ART 1 – PROPER		RMATIO	N (Required I	by Noven	nber 30 th	of the	year pre	cedir	ng the taxat	tion year)
Na	ame of property owner				Tele	ephone Nur	nber (Bu	is)	Tel	ephone Numbe	r (Res)
A	ddress of property owner					Post	al Code		Fax	Number	
A	ddress of property for wh	ich exemption	is requested	I							
Po	ortion/Area of the propert	y held by the	organization		Part Area	a Occupied	l is:				
cc	there an agreement in p onfirms the portion of the eld by the organization?		Yes	f yes, provide exp	piry date	(mm	n / dd / yy	<i>yyy)</i>		organization too ′ dd / yyyy)	k occupancy
		74710111		TION							
	ART 2 – ORGAN	-	-	-		Τe	elephone	Number (B	us)	Fax Number	
A	ct under which organizati	on is registere	d as a non-p	orofit organization	1		Re	gistration N	umber		
0	rganization's objectives/p	ourposes									
1.											
2.											
3.											
4.											
5.											
a)	Are the resources of this objectives/purposes?	s organization	devoted to t	he above	Yes	No If	No, atta	ch explanati	on		
b)	Are there any monetary organization as a result				Yes I	f Yes, attac	ch explan	nation	No		
c)	Does your organization the following year(s)?	expect to mov	e from this p	property during	Yes I	f Yes, attac	ch explan	nation	No		
d)	Is any income or profits or shareholder of the or				Yes I	f Yes, attac	h explan	nation	No		
e)	Are the organization's s and /or business?	ervices simila	to any othe	organization	Yes I	f Yes, attac	ch a shee	et providing	the org	janization/busin	ess name(s)
					No						

PART 3 – RETAIL COMMERCIAL OR LICENSED AREA									
Does the organization have a retail commercial area at this location?									
If yes, do you operate this area?									
What goods or services are sold	at the retail commo	ercial area?							
For what purpose is the net inco	me from the retail c	commercial area used?							
Has an area within the facility be	en issued a gaming	g/liquor license? Yes If yes	, enclose copy 🗌 No	Class	Area (Sq.Ft)				
PART 4 – PROPERTY		IATION specific to an art	ts/museum facility	/					
What facilities are on the propert	y?								
1. 2.									
3.									
4. 5.									
What are the membership requir	ements including fe	ees?							
Are there any restrictions in plac	e preventing anyon	e from using the facility?	s 🗌 No						
If there are restrictions, explain									
Are the services provided by the to the general public, or primarily		tised and promoted Gener	al Public Members						
PART 5 – CONTACT IN	FORMATION	N							
Contact Name		Position with Organization	Telephone Number (Bu	s) Telephone	Number (Res)				
Mailing Address for non profit or	ganization		Postal Code	Fax Numbe	er				
President of Organization		Telephone Number (Bus)	Telephone Number (Re	s) Fax Numbe	ər				
Treasurer of Organization		Telephone Number (Bus)	Telephone Number (Re	s) Fax Numbe	er				
PART 6 – REQUIRED I	NFORMATIO	N – please ensure the fo	ollowing are subm	itted as atta	chments				
 Certificate of Incorp of Association and t 		onfirmation that the organization sociation, if any.	n is registered in good	standing and the	e Memorandum				
2) Copies of:									
 The organizations 	s most current fin	ancial statements,							
 Certificate of Title 									
 The current lease 	agreement with	the property owner (if applicable	e),						
 A plan showing the second secon	ne area leased.								
	e municipality will	ty owner confirming that he/she l estimate taxes on the area occ le landlord.							
4) Any available broch	ures, newsletters	or other pertinent information re	elative to the organizat	ion.					
5) Any other information	on that the Asses	sment Department may deem n	ecessary.						
l certifv that I am authorized to	submit this annli	cation on behalf of the organiza	tion and that the inform	nation provided	on this application				

Name (Please Print)

Application for Property Tax Exemption Care and Supervision of Children

Application deadline September 30th of the year preceding the taxation year

	FOR OFFICE USE ONLY										
Pr	roperty Roll Identifier						Taxation	Year	Date		
Le	egal Description	Lot	Block	Plan	Part	Se	c. Tov	vnship	Range	Mer.	
М	unicipal Property Addres	SS									
Тс	otal Assessment		L	and Assessment			Building As	sessm	ent		
Р	ART 1 – PROPE		RMATION	(Required by N	lovember	30 th of th	e vear pre	cedir	ng the taxa	tion vear)	
	ame of property owner			(Required by r		ne Number (I			ephone Numbe	• •	
					. erepiter		200)		000000000000000000000000000000000000000		
Ac	ddress of property owne	r				Postal Cod	е	Fax	k Number		
Ac	ddress of property for wh	hich exemption	is requested								
P	ortion/Area of the proper	rty held by the	organization		art Area Oco	subjed is:					
			organization			Jupieu is.					
ls	there an agreement in p	place that	Yes If	yes, provide expiry o	late				organization too ′ dd / yyyy)	ok occupancy	
	onfirms the portion of the	e property				(mm / dd /	уууу)	(111117	uu / yyyy)		
ne	eld by the organization?		No								
Ρ	ART 2 – ORGAN	IZATION I	NFORMA	ΓΙΟΝ							
Na	ame of organization ope	erating the facili	ty used for car	e and supervision of	f children	Telepho	ne Number (B	us)	Fax Number		
Ac	ct under which organizat	tion is registere	ed as a non-pro	ofit organization		F	Registration N	umber			
0	rganization's objectives/	purposes									
1.											
2.											
2											
3.											
4.											
5.											
5.											
a)	Are the resources of th objectives/purposes?	is organization	devoted to the	e above	Yes 🗌 I	No If No, at	tach explanat	ion			
b)	Are there any monetary organization as a result			y the	Yes If Yes	, attach expl	anation] No			
c)	Does your organization the following year(s)?	n expect to mov	ve from this pro	operty during	Yes If Yes	, attach expl	anation] No			
d)	Is any income or profits or shareholder of the o				Yes If Yes	, attach expl	anation] No			
e)	Are the organization's	services simila	r to any other o	organization	Yes If Yes	, attach a sh	eet providing	the org	ganization/busir	ness name(s)	
	and /or business?			No							

PART 3 – RETAIL COMME	PART 3 – RETAIL COMMERCIAL OR LICENSED AREA										
Does the organization have a retail co	mmercial area at this location?	Yes No									
If yes, do you operate this area?											
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 Is the organization licensed under the	•	c to a facility for the care/s	upervision o	f children							
How many children are you licensed for		How many full time children are supe	ervised?								
What type of facility do you operate? Are there any restrictions in place preventing anyone from using the facility? Yes No Daycare If there are restrictions, explain Nursery School Drop-In Center Ves Ves											
PART 5 – CONTACT INFO	RMATION										

PART 5 - CONTACT INFORMATION	N		
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)

Position

Application for Property Tax Exemption Linguistic Organization or Ethno Cultural Association

Application deadline September 30th of the year preceding the taxation year

				FOR OFF	ICE US	E ONLY	1					
Pr	operty Roll Identifier							Taxation Y	′ear	Date		
Le	egal Description	Lot	Block	Plan		Part	Sec	. Tow	nship	Rai	nge	Mer.
Μ	unicipal Property Address											
Тс	otal Assessment			Land Assessmen	nt			Building Ass	essme	ent		
Ρ	ART 1 – PROPERT	Y INFC	RMATIO	N (Required b						-		• •
Na	ame of property owner				Te	elephone	Number (B	us)	Tele	ephone	Numbei	r (Res)
Ac	ddress of property owner					P	Postal Code		Fax	Numbe	r	
Ad	ddress of property for which	i exemptio	n is requested	l								
Po	ortion/Area of the property h	neld by the	organization	All [Part A	ea Occup	pied is:					
СС	there an agreement in plac onfirms the portion of the pro- eld by the organization?		Yes	f yes, provide exp	iry date	((mm / dd / y			organiza dd / yyy		k occupancy
Ρ	ART 2 – ORGANIZ	ATION	INFORMA	TION								
Na	ame of organization operati	ng the faci	ility used for li	nguistic and/or eth	nno cultur	al associa	ation Te	elephone Num	nber (E	Bus)	Fax N	umber
Ac	ct under which organization	is register	ed as a non-p	rofit organization			Re	egistration Nu	mber			
0	rganization's objectives/pur	poses										
1.												
2.												
3.												
4.												
5.												
a)	Are the resources of this o objectives/purposes?	rganizatio	n devoted to t	he above	Yes	No No	If No, atta	ach explanatio	on			
b)	Are there any monetary ga organization as a result of				Yes	lf Yes, a	ittach expla	nation	No			
c)	Does your organization ex the following year(s)?	pect to mo	ove from this p	roperty during	Yes	lf Yes, a	ittach expla	nation	No			
d)	Is any income or profits fro or shareholder of the organ				Yes	lf Yes, a	ittach expla	nation	No			
e)	Are the organization's servand /or business?	vices simila	ar to any othe	organization	Yes	lf Yes, a	ittach a she	et providing t	he org	anizatio	n/busin	ess name(s)

PART 3 – RETAIL COMMERCIAL OR LICENSED AREA									
Does the organization have a retail commercial area at this location?									
If yes, do you operate this area?	No								
What goods or services are sold at the retail commercial area?									
For what purpose is the net income from the retail of	commercial area used?								
Has an area within the facility been issued a gamin	g/liquor license? Yes	If yes, enclose copy No	Class Area (Sq.Ft)	Area (Sq.Ft)					
PART 4 – PROPERTY USE INFORM	IATION specific to li	nguistic and/or ethno	cultural facilities	lities					
What facilities are on the property?									
2.									
3. 4.									
5.									
What times are they accessible to the general publi	c? Wha	t are the membership requireme	ents including fees?)					
Are there any restrictions in place preventing anyor	e from using the facility?	Yes No							
If there are restrictions, explain									
Are the services provided by the organization advert to the general public, or primarily to members?	tised and promoted	General Public Members							
PART 5 – CONTACT INFORMATION	J								
Contact Name	 Position with Organization 	Telephone Number (Bu	s) Telephone Number (Res)	Number (Res)					
Mailing Address for non profit organization		Postal Code	Fax Number	ſ					
President of Organization	Telephone Number (Bus)	Telephone Number (Re	s) Fax Number	r					
Treasurer of Organization	Telephone Number (Bus)	Telephone Number (Re	s) Fax Number	r					
PART 6 – REQUIRED INFORMATIO	N – please ensure ti	he following are subn	nitted as attachments	chments					
 Certificate of Incorporation, current c of Association and the Articles of Association 	onfirmation that the organ	-							
2) Copies of:	, ., ,								
The organizations most current fin	ancial statements,								
Certificate of Title (if applicable),	,								
 The current lease agreement with 	the property owner (if app	licable),							
 A plan showing the area leased. 									
 If applicable, a letter from the proper understands that the municipality wil may be different from that used by th 	estimate taxes on the are								
4) Any available brochures, newsletters	or other pertinent informa	ation relative to the organizat	ion.						
5) Any other information that the Assess	sment Department may de	em necessary.							
l certify that I am authorized to submit this appli	cation on behalf of the ora	anization and that the inform	nation provided on this applica	n this application					

Name (Please Print)

Position

Application for Property Tax Exemption Non Profit Organization

Application deadline September 30th of the year preceding the taxation year

Property Roll Identifier	OR OFFICE USE (DNLY	Taxation Yea	^r Date		
Legal Description Lot Block Pla	an P	art Sec.	Townshi	p Range Mer.		
Municipal Property Address						
Total Assessment Land As	ssessment	Building Assessment				
		4				
PART 1 – PROPERTY INFORMATION (Req				• • • •		
Name of property owner	leiep	ohone Number (Bu	IS) I	elephone Number (Res)		
Address of property owner	·	Postal Code	F	Fax Number		
Address of property for which exemption is requested						
Portion/Area of the property held by the organization	All Part Area	Occupied is:				
Is there an agreement in place that Yes If yes, pr	ovide expiry date			e organization took occupancy		
confirms the portion of the property held by the organization?		(mm / dd / y	ууу) (тг	n / dd / yyyy)		
PART 2 – ORGANIZATION INFORMATION						
Name of organization operating the facility		Telephone Num	nber (Bus) F	Fax Number		
Act under which organization is registered as a non-profit orga	anization	Re	gistration Numb	er		
			-			
Organization's objectives/purposes						
1.						
2.						
3.						
4.						
5.						
 Are the resources of this organization devoted to the above objectives/purposes? 	e Yes	No If No, atta	ch explanation			
b) Are there any monetary gains or benefits received by the organization as a result of its provision of services?	Yes If	Yes, attach explar	nation No			
 c) Does your organization expect to move from this property of the following year(s)? 	during 🗌 Yes If	Yes, attach explar	nation No			
 d) Is any income or profits from the organization paid to a me or shareholder of the organization other than as wages? 	mber 🗌 Yes If	Yes, attach explar	nation 🗌 No			
 e) Are the organization's services similar to any other organiz and /or business? 	ation Yes If	Yes, attach a shee	et providing the	organization/business name(s)		

PART 3 – RETAIL COMMERCIAL O	R LICENSED A	REA							
Does the organization have a retail commercial area at this location?									
If yes, do you operate this area?									
What goods or services are sold at the retail comm	What goods or services are sold at the retail commercial area?								
For what purpose is the net income from the retail of	commercial area used?								
Has an area within the facility been issued a gamin	g/liquor license?	Yes If yes	, enclose copy 🗌 No	Class	Area (Sq.Ft)				
PART 4 – PROPERTY USE INFORM	ATION specific	to a non	profit organizatio	on					
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									
Are the services provided by the organization adverted to the general public, or primarily to members?	rtised and promoted	Gener	al Public Members						
PART 5 – CONTACT INFORMATIO	N								
Contact Name	Position with Organiz	ation	Telephone Number (Bu	s) Telephone	Number (Res)				
Mailing Address for non profit organization			Postal Code	Fax Numb	er				
President of Organization	Telephone Number (I	Bus)	Telephone Number (Re	s) Fax Numb	er				
Treasurer of Organization	Telephone Number (I	Bus)	Telephone Number (Re	s) Fax Numb	er				
PART 6 – REQUIRED INFORMATIO	N – please ensi	ure the fo	ollowing are subm	itted as atta	chments				
 Certificate of Incorporation, current of of Association and the Articles of As 		organizatio	n is registered in good	standing and the	e Memorandum				
2) Copies of:									
The organizations most current fir	nancial statements,								
Certificate of Title (if applicable),									
 The current lease agreement with 	the property owner	(if applicabl	e),						
 A plan showing the area leased. 									
 If applicable, a letter from the proper understands that the municipality wil may be different from that used by th 	l estimate taxes on t								
4) Any available brochures, newsletters	s or other pertinent ir	formation r	elative to the organizat	ion.					
5) Any other information that the Asses	sment Department m	nay deem n	ecessary.						
l certify that I am authorized to submit this appli	ication on behalf of th	he organiza	tion, and that the inform	nation provided	on this application				

Application for Property Tax Exemption Thrift Shops or Sheltered Workshops

Application deadline September 30th of the year preceding the taxation year

				FOR OF	FICE USE	ONLY					
Pr	roperty Roll Identifier							Taxation Y	'ear	Date	
Le	egal Description	Lot	Block	Plan		Part	Sec.	Towr	nship	Range	Mer.
Μ	unicipal Property Address										
Тс	otal Assessment			Land Assessm	ent			Building Ass	essme	ent	
Ρ	ART 1 – PROPER	TY INFOR	RMATIO	N (Reauired	bv Nover	nber 30 ^{ti}	^h of the	vear pred	cedir	ng the taxat	ion vear)
	ame of property owner				-	ephone Nu				ephone Number	• •
Ac	ddress of property owner				I	Pos	stal Code		Fax	Number	
Ad	ddress of property for whic	h exemption	is requeste	d					•		
Po	ortion/Area of the property	held by the c	organization	All [Part Are	ea Occupie	d is:				
СС	there an agreement in pla onfirms the portion of the p eld by the organization?		Yes	If yes, provide e	xpiry date	(mi	m / dd / yy			organization tool <i>dd / yyyy)</i>	<pre>« occupancy</pre>
_											
	ART 2 – ORGANIZ										
Na	ame of organization opera	ting the facilit	y used for a	a thrift shop or sh	eltered work	shop T	elephone	Number (Bu	ls)	Fax Number	
Ad	ct under which organizatio	n is registere	d as a non-	orofit organizatio	n		Re	gistration Nu	imber		
0	rganization's objectives/pu	irposes									
1.											
2.											
3.											
4.											
5.											
a)	Are the resources of this objectives/purposes?	organization	devoted to	the above	Yes	No I	lf No, attao	ch explanatio	on		
b)	Are there any monetary organization as a result of				Yes	lf Yes, atta	ach explan	ation	No		
c)	Does your organization e the following year(s)?	expect to mov	e from this	property during	Yes	lf Yes, atta	ach explan	ation	No		
d)	Is any income or profits for shareholder of the org				Yes	lf Yes, atta	ach explan	ation	No		
e)	Are the organization's se and /or business?	rvices similar	to any othe	r organization	Yes	lf Yes, atta	ach a shee	et providing t	he org	anization/busine	ess name(s)

PART 3 – RETAIL COMMERCIAL O	R LICENSED AREA			
Does the organization have a retail commercial are	ea at this location?	No		
If yes, do you operate this area?	No			
What goods or services are sold at the retail comm	ercial area?			
For what purpose is the net income from the retail of	commercial area used?			
Has an area within the facility been issued a gamin	g/liquor license? Yes If yes	s, enclose copy 🗌 No	Class Are	ea (Sq.Ft)
PART 4 – PROPERTY USE INFORM	ATION specific to thrift	shops/sheltered w	orkshops	
What facilities are on the property? 1.				
2. 3. 4.				
What are the membership requirements including f	ees?			
Are there any restrictions in place preventing anyor	ne from using the facility?	es 🗌 No		
If there are restrictions, explain				
PART 5 – CONTACT INFORMATIO	N			
Contact Name	Position with Organization	Telephone Number (Bus)) Telephone Num	ber (Res)
Mailing Address for non profit organization	1	Postal Code	Fax Number	
President of Organization	Telephone Number (Bus)	Telephone Number (Res)) Fax Number	

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

Telephone Number (Bus)

- 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:

Treasurer of Organization

- 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)

Telephone Number (Res)

Fax Number

Application for Property Tax Exemption Chamber of Commerce

Application deadline September 30th of the year preceding the taxation year

				FOR OFF	ICE USE O	NLY			
Pi	operty Roll Identifier						Taxation Y	'ear	Date
Le	egal Description	Lot	Block	Plan	Par	rt Sec	Town	nship	Range Mer.
М	unicipal Property Addres	S							
Тс	otal Assessment			Land Assessme	nt		Building Ass	essme	ent
Ρ	ART 1 – PROPE	RTY INFO	RMATIO	N (Required I	by Novembe	er 30 th of the	e year prec	edir	ng the taxation year)
Na	ame of property owner				Teleph	none Number (B	us)	Tel	ephone Number (Res)
Ad	ddress of property owner	•			•	Postal Code		Fax	Number
Ad	ddress of property for wh	ich exemptior	n is requeste	d					
Po	ortion/Area of the proper	ty held by the	organization	All	Part Area C	Occupied is:			
cc	there an agreement in p onfirms the portion of the eld by the organization?		Yes	If yes, provide ex	oiry date	(mm / dd / y			organization took occupancy dd / yyyy)
	ART 2 – ORGAN	-	-	-					
Na	ame of organization ope	rating the facil	ity used for a	a chamber of com	merce activities	s Telephone	e Number (Bu	is)	Fax Number
Ad	ct under which organizat	ion is register	ed as a non-	profit organization		Re	egistration Nu	mber	
0	rganization's objectives/	ourposes							
1.									
2.									
3.									
4.									
5.									
a)	Are the resources of thi objectives/purposes?	s organizatior	n devoted to	the above	Yes	No If No, atta	ach explanatio	on	
b)	Are there any monetary organization as a result				Yes If Yes	es, attach expla	nation	No	
c)	Does your organization the following year(s)?	expect to mo	ve from this	property during	Yes If Y	es, attach expla	nation	No	
d)	Is any income or profits or shareholder of the or				Yes If Y	es, attach expla	nation	No	
e)	Are the organization's s	-		-	Yes If Y	'es, attach a she	et providing th	ne org	anization/business name(s)
	and /or business?				No No				

PART 3 – RETAIL COMMERCIAL C	R LICENSED AF	REA					
Does the organization have a retail commercial are	ea at this location?	Yes	No				
If yes, do you operate this area?							
What goods or services are sold at the retail comm	ercial 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 publ	ic?	What are the	ne membership requirements	including fees?			
Are there any restrictions in place preventing anyon	ne from using the facility	?Ye	s No				
If there are restrictions, explain							
Are the services provided by the organization adve to the general public, or primarily to members?	rtised and promoted	Gener	al Public Members				
PART 5 – CONTACT INFORMATIO	N Position with Organiza	ation	Telephone Number (Bus)	Telephone Number (Res)			
Contact Name	T USHOIT WITT OTGATIZA						
Mailing Address for non profit organization			Postal Code	Fax Number			
President of Organization	Telephone Number (E	Bus)	Telephone Number (Res)	Fax Number			
Treasurer of Organization	Telephone Number (E	Bus)	Telephone Number (Res)	Fax Number			
PART 6 – REQUIRED INFORMATIC)N – please ensu	ire the fo	ollowing are submitte	ed as attachments			

- 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.

Application for Property Tax Exemption Community Association

Application deadline September 30th of the year preceding the taxation year

P	roperty Roll Identifier			FOR OFF	ICE USE ON	LY	Taxation Ye	ear	Date	
Le	egal Description	Lot	Block	Plan	Part	Sec	. Towns	ship	Range Me	er.
Municipal Property Address										
Total Assessment Land Assessment E						Building Asse	Building Assessment			
P	ART 1 – PROPER		RMATION	(Required h	w November	30 th of the	vear prec	odir	ng the taxation	vear)
	ame of property owner			(Negunea z	-	ne Number (B			ephone Number (Re	
A	ddress of property owner					Postal Code		Fax	Number	
A	ddress of property for whi	ch exemptio	n is requested							
P	Portion/Area of the property held by the organization All Part Area Occupied is:									
Is there an agreement in place that confirms the portion of the property held by the organization?						(organization took oco dd / yyyy)	cupancy	
Ρ	PART 2 – ORGANIZATION INFORMATION									
N	ame of organization opera	ating the faci	lity for the bene	efit of the genera	l public	Telephon	e Number (Bus	s)	Fax Number	
A	ct under which organizatio	on is register	ed as a non-pr	ofit organization		Re	Registration Number			
0	rganization's objectives/p	urposes								
1.										
2.										
3.										
4.										
5.										
a)	Are the resources of this objectives/purposes?	organizatio	n devoted to the	e above	Yes	No If No, atta	ach explanation	n		
b)	Are there any monetary organization as a result			by the	Yes If Yes	s, attach expla	nation	No		
c)	Does your organization of the following year(s)?	expect to mo	ve from this pr	operty during	Yes If Yes	s, attach expla	nation	No		
d)	Is any income or profits or shareholder of the org				Yes If Yes	s, attach expla	nation	No		
e)	Are the organization's se and /or business?	ervices simila	ar to any other	organization	Yes If Yes	s, attach a she	et providing th	ie org	anization/business i	name(s)

PART	PART 3 – RETAIL COMMERCIAL OR LICENSED AREA								
Does the organization have a retail commercial area at this location?									
If yes, do you operate this area?									
What goods or services are sold at the retail commercial area?									
For what	t purpose is the net income from the retail of	commercial area used?)						
Has an a	area within the facility been issued a gamin	g/liquor license?	Yes If yes	s, enclose copy 🗌 No	Class	Area (Sq.Ft)			
PART	4 – PROPERTY USE INFORM	ATION specific	to a con	nmunity associati	on				
	cilities are on the property?								
1. 2.									
3.									
4. Deceriba	the charitable and benevolent purpose that	at in for the honofit of th		blic					
1.	a the chantable and benevolent purpose the		le general pu	idiic.					
2.									
3. 4.									
What are	e the membership requirements including f	ees?	How many	hours per week is this fac	ility operated for t	his purpose?			
Are ther	e any restrictions in place preventing anyor	e from using the facilit	γ ?	es 🗌 No					
	are restrictions, explain	J	,						
Contact	5 – CONTACT INFORMATION	Position with Organiz	zation	Telephone Number (Bus		Number (Res)			
Contact	Traine .								
Mailing /	Address for non profit organization			Postal Code	Fax Numbe	ər			
Presider	t of Organization	Telephone Number (Bus)	Telephone Number (Res	s) Fax Numbe	er			
Treasure	er of Organization	Telephone Number (Bus)	Telephone Number (Res	s) Fax Numbe	ər			
PART	6 – REQUIRED INFORMATIO	N – please ens	ure the fo	ollowing are subm	itted as atta	chments			
1)	Certificate of Incorporation, current c of Association and the Articles of Ass		organizatio	n is registered in good s	standing and the	e Memorandum			
2)	Copies of:								
	The organizations most current fir	nancial statements,							
	• Certificate of Title (if applicable),	,							
	• The current lease agreement with	the property owner	(if applicabl	e),					
	• A plan showing the area leased.								
3)									
4)	Any available brochures, newsletters	s or other pertinent in	nformation r	elative to the organizati	on.				
5)	Any other information that the Asses	sment Department n	nay deem n	ecessary.					
a mifu th	hat I am authorized to submit this appl	iontion on hohalf of t	ha araaniza	tion and that the inform	nation provided	on this application			

Application for Property Tax Exemption Fairs or Exhibitions

Application deadline September 30th of the year preceding the taxation year

	FOR OFFICE USE ONLY										
P	roperty Roll Identifier							Taxation Y	'ear	Date	
Le	egal Description	Lot	Block	Plan		Part	Sec	c. Tow	nship	Range	Mer.
M	unicipal Property Addre										
111											
Т	otal Assessment		L	and Assessment				Building Ass	essm	ent	
P	ART 1 – PROPE		RMATION	(Required by	Nove	mbor 3	O th of the	o voar nro	ihor	na tho tava	tion vear)
	ame of property owner			(Nequired by			Number (B			ephone Numbe	
	ane of property owner						Number (D	us)	101		(IVE3)
A	ddress of property owne	er				P	ostal Code	9	Fax	Number	
A	ddress of property for w	hich exemption	is requested								
P	ortion/Area of the prope	rty held by the	organization		Dart A	ea Occup	ied is:				
			organization			ea Occup	ieu 15.				
ls	there an agreement in	place that	Yes If	yes, provide expiry	/ date					organization too ′ dd / yyyy)	ok occupancy
	onfirms the portion of the					(1	mm / dd / y	уууу)	(''''''	uu / yyyy)	
ne	held by the organization?										
Ρ	PART 2 – ORGANIZATION INFORMATION										
N	Name of organization operating the facility used for fairs or exhibitions Telephone Number (Bus) Fax Number										
A	ct under which organiza	tion is registere	ed as a non-pro	ofit organization			R	egistration Nu	mber		
0	rganization's objectives	/purposes									
		F - F									
1.											
2.											
3.											
э.											
4.											
5.											
0.											
a)	Are the resources of th objectives/purposes?	nis organization	devoted to the	e above	Yes	No No	If No, atta	ach explanatio	n		
b)	Are there any monetar organization as a result			by the	Yes	lf Yes, at	ttach expla	anation	No		
c)	Does your organization the following year(s)?			operty during	Yes	lf Yes, at	ttach expla	anation	No		
d)	Is any income or profits or shareholder of the c				Yes	If Yes, at	ttach expla	anation	No		
e)	Are the organization's	-		-	Yes	lf Yes, at	ttach a she	et providing t	he or	ganization/busir	ness name(s)
-/	and /or business?		.,,	Г. С.	_	-		. 5		-	. ,
					No						

(Municipality Contact Information)

PART 3 – RETAIL COMMERCIAL OR LICENSED AREA								
Does the organization have a retail commercial area at this location?								
If yes, do you operate this area?								
What goods or services are sold at the retail comm	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 INFORM	ATION specific to fairs	or exhibition facilitie	es					
What facilities are on the property?								
1. 2.								
3. 4.								
What are the membership requirements including for	ees?							
Are there any restrictions in place preventing anyor	ne from using the facility?	es 🗌 No						
If there are restrictions, explain								
PART 5 – CONTACT INFORMATIO	N							
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.

Application for Property Tax Exemption Sports or Recreation Facility

Application deadline September 30th of the year preceding the taxation year

	FOR OFFICE USE ONLY										
Pr	operty Roll Identifier							Taxation Y	ear	Date	
Le	gal Description	Lot	Block	Plan		Part	Sec.	Town	nship	Range	Mer.
M	Municipal Property Address										
Тс	otal Assessment		L	and Assessment				Building Asse	essme	ent	
Р	PART 1 – PROPERTY INFORMATION (Required by November 30 th of the year preceding the taxation year)										
	ame of property owner					elephone Nu				ephone Numbe	
Ac	ddress of property owner				•	Pos	tal Code		Fax	Number	
Ac	ddress of property for whi	ch exemptio	n is requested								
Po	Portion/Area of the property held by the organization All Part Area Occupied is:										
Is there an agreement in place that confirms the portion of the property held by the organization?						(Date organization took occupancy (mm / dd / yyyy)		k occupancy		
P	PART 2 – ORGANIZATION INFORMATION										
Na	Name of organization operating the facility used for sports or recreation Telephone Number (Bus) Fax Number										
Ac	ct under which organization	on is registe	red as a non-pro	ofit organization			Re	gistration Nu	mber		
O	ganization's objectives/p	urposes									
1.											
2.											
3.											
4.											
5.											
a)	Are the resources of this objectives/purposes?	s organizatio	n devoted to the	e above	Yes	No If	f No, attao	ch explanatio	'n		
b)	Are there any monetary organization as a result			y the	Yes	lf Yes, atta	ch explan	nation	No		
c)	Does your organization the following year(s)?	expect to mo	ove from this pro	operty during	Yes	lf Yes, atta	ch explan	nation	No		
d)	Is any income or profits or shareholder of the org				Yes	lf Yes, atta	ch explan	nation	No		
e)	Are the organization's se and /or business?	ervices simil	ar to any other o	organization	Yes	lf Yes, atta	ch a shee	et providing th	ne org	anization/busin	ess name(s)

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?								
If yes, do you operate this area?								
What goods or services are sold at the retail commo	ercial area?							
For what purpose is the net income from the retail of	commercial area used?							
Has an area within the facility been issued a gaming	g/liquor license? Yes If yes	, enclose copy No	lass Area (Sq.Ft)					
PART 4 – PROPERTY USE INFORM	IATION specific to sport	s and recreation fac	ilities					
List the sports and recreation activities occurring at 1.	the facility.							
2.								
3. 4.								
How many hours per week is your portion of the fact operated for sports and recreation?		ose 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 requiren	nents including fees?					
Are there any restrictions in place preventing anyon	e from using the facility?	s 🗌 No						
If there are restrictions, explain								
Are the services provided by the organization adver promoted to the general public, or primarily to mem		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 INFORMATIO	N – please ensure the fo	ollowing are submit	ted as attachments					
 Certificate of Incorporation, current c of Association and the Articles of Association 		n is registered in good sta	nding and the Memorandum					
2) Copies of:								
 The organizations most current fin 	ancial statements,							
• Certificate of Title (if applicable),								
 The current lease agreement with 	the property owner (if applicable	e),						
 A plan showing the area leased. 								
 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 re	elative to the organization						
5) Any other information that the Assess	sment Department may deem ne	ecessary.						

Application for Property Tax Exemption General

Application deadline September 30th of the year preceding the taxation year

				FOR OFFI	CE USE ON	LY				
Pi	operty Roll Identifier						Taxation Y	ear	Date	
Le	egal Description	Lot	Block	Plan	Part	Sec	. Town	ship	Range Mer.	
М	Municipal Property Address									
Total Assessment Land Assessment							Building Asse	essme	ent	
Ρ	ART 1 – PROPER	RTY INFO	RMATION	(Required b	y Novembe	r 30 th of the	e year prec	edir	g the taxation ye	ear)
N	ame of property owner				Telepho	ne Number (B	us)	Tele	ephone Number (Res)	
A	ddress of property owner					Postal Code		Fax	Number	
A	ddress of property for whi	ch exemptior	is requested					1		
P	Portion/Area of the property held by the organization All Part Area Occupied is:									
Is there an agreement in place that confirms the portion of the property held by the organization? Yes If yes, provide expiry date Date organization took occupante In No In No In No In No In No In No							ancy			
	PART 2 – ORGANIZATION INFORMATION									
N	ame of organization oper	ating the facil	ity			Telephon	Telephone Number (Bus) Fax Number			
A	ct under which organizati	on is registere	ed as a non-pro	ofit organization		Registration Number				
0	rganization's objectives/p	ourposes								
1.										
2.										
3.										
4.										
5.										
a)	Are the resources of this objectives/purposes?	s organizatior	devoted to the	e above	Yes	No If No, atta	ach explanatio	n		
b)	Are there any monetary organization as a result			by the	Yes If Ye	s, attach expla	nation	No		
c)	Does your organization the following year(s)?	expect to mo	ve from this pro	operty during	Yes If Ye	s, attach expla	nation	No		
d)	Is any income or profits or shareholder of the or				Yes If Ye	s, attach expla	nation	No		
e)	Are the organization's so and /or business?	ervices simila	r to any other o	organization [_	s, attach a she	et providing th	ne org	anization/business name	ne(s)
					No					

PART 3 – RETAIL COMMERCIAL OR LICENSED AREA							
Does the organization have a retail commercial area at this location?							
If yes, do you operate this area?							
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?							
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?							
If there are restrictions, explain							
Are the services provided by the organization advertised and promoted to the general public, or primarily to 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.

Application for Property Tax Exemption Short Form

Application deadline September 30th of the year preceding the taxation year

FOR OFFICE USE ONLY								
Property Roll Identifier						Taxation Year	Date	
Legal Description	Lot B	lock	Plan	Part	Sec.	Township	Range	Mer.
Municipal Property Address								
Total Assessment			Land Assessment			Building Assessme	ent	

PART 1 – PROPERTY INFORMATION (Required by November 30 th of the year preceding the taxation year)								
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	Portion/Area of the property held by the organization							
Is there an agreement in place that confirms the portion of the property held by the organization?	ate (mm / dd / yyyy)	Date organization took occupancy (mm / dd / yyyy)						

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