

	FOR OFFICE	USE ONLY			
Date Received:			Received Stamp:		
Method Received:					
	In Person				
	Mail				
	E-Mail				
Stamped Copy Give	n/Sent to Applicant				
APPLICANT INFORMATION					
Organization name:					
Contact name:		Title	e:		
Telephone no:		Fax	No:		
Email address:					
Mailing address:					
Are you registered (under the societies act?	Yes	No		
If so, please provide registration number:					
Are you a registered charity?		Yes	No		
If so, plea	se provide registration number:				
	AROUT VOUR	DEANIZATION			
ABOUT YOUR ORGANIZATION Describe your organization. Include a short history and briefly describe the goals and objectives. (Attach a					
separate sheet if necessary.) OR Please provide a brief description of the goals and objectives of the organization					



DETAILS OF PROPERTY Please complete a separate "Details of Property" form for each property being claimed Property address: Folio No: Briefly describe the principle use of the property and how it benefits the community: Is your facility open to the public or to members only? Public Members If members only, is membership available to any individual in Yes No the community? Does your organization own or lease the property? Own Lease If lease, please provide a copy of the lease. If portion, please provide the following: Gross floor area of the building: sq ft Floor area being claimed for use: sq ft Is part of the property being utilized for a for-profit Commercial enterprise or to sell alcohol/meals? Yes No If yes, please provide a copy of the lease & map indicating the property area used. Is the property offering services/programs that are in direct Yes No competition with privately-owned facilities providing a similar service? Is the property being used to provide rental housing, except Yes No for short term housing units as per Policy 180-02? Is the property vacant land or a building without an Yes No Occupancy Permit? Do you plan on selling any portion of the property during the 2026-2027 term? Yes No

Is there any other reason that would make this property

ineligible during the four year cycle? If yes, please attach explanation. Yes

No

DETAILS OF PROPERTY Cont'd Please complete a separate "Details of Property" form for each property being claimed

e select the applicable permissive tax exemption category for which you are applying. efinitions of these categories, please review the Permissive Tax Exemption Policy 180-02				
Supportive Housing Properties: short-term stay (less than 2 years and stated purpose is to be short-term), emergency or crisis protection, or transitional housing for members of the community with the provision of support services, seniors housing.				
Community Support Programs: support services and programs to members of the community with special needs, who are in some way disadvantaged and need assistance in maximizing their quality of life				
Arts & Culture Facilities: preparation and delivery of artistic and cultural events or exhibits to the public				
Complementary Extensions to Municipal Services & Programs: support services provided fulfill some basic need that the City could/would otherwise provide				
Athletic or Recreational Facilities: provide space and equipment for the physical and mental enjoyment of the participants Licensed Day Care/preschool Facilities: provide space, equipment and qualified staff for group child care and education, licensed by the local health authority				
Places of Worship: i) facilities for public worship occupied by a religious organization as a tenant ii) land surrounding places for public worship; church halls and land surrounding them or other property attached and deemed necessary				
ATTACHMENTS REQUIRED				
Latest Financial Statements (signed) Budget for upcoming year				
List of executive/board members including full contact information				
Leases or rent agreements for any portion of the identified property				
Last Registered Charity Information Return or Non-profit Organization Return submitted to CRA				
Number of active volunteers/congregants/worshippers at time of application				
Number of employees in last year				
Details of grant funding received in the past year from other levels of government (Federal, Provincial, Tribal) or expected in the next year (capital and operating)				



DECLARATION

I am an authorized signing officer of the organization and certify that the information given in this application is correct. Should a permissive tax exemption be granted on the above property, I agree to the following terms:

- If the property is sold within the exemption cycle, the organization will notify the City of this sale.
- If the property is sold prior to the exemption expiration, the organization will remit to the City an amount equal to the taxes that would have otherwise been payable to the City by a non-exempt owner.
- The property use will be in compliance with all applicable municipal policies and bylaws
- The organization will publicly acknowledge the permissive tax exemption granted by the city

Signature:	Position:	
Name (Please Print):	Date:	