



Permissive Tax Exemption Application for Non-Profit Organizations

APPLICATION ADDRESS

Forward your application to:

Financial Services, City Hall, 450 Mart Street, Williams Lake, BC, V2G 1N3

Fax: 250 392-1798

E-mail: finance@williamslake.ca

Attention: Property Taxes

APPLICATION TIMELINE

The application review and approval process may take several months. If application is successful and the process is completed prior to October 31, the property will be added to the Williams Lake Permissive Property Tax Exemption Bylaw No. 2238, 2015 to receive permissive tax exemption starting from the next taxation year.

REQUIREMENTS

The following items should be submitted to support the application, when applicable:

- ▶ Copy of last Non-Profit Organization Information Return or Registered Charity Information Return submitted to the CRA and Notice of Confirmation
- ▶ Copy of the most recent Financial Statements
- ▶ Financial Budget (Pro-forma Balance Sheet and Income Statement) for Current 12 Months
- ▶ Drawing of the property, which includes buildings, parking lots, landscaping, playgrounds, fields etc. The drawing should identify areas used for charitable / non-for profit activities and areas that are not used for such activities.
- ▶ Copy of any and all lease agreement(s) for any portion of the property rented or leased to another organization or individual.
- ▶ Copy of the caretaker agreement(s).

Consideration will only be given to the applications that support the exempt purpose and use of the property.

APPLICANT INFORMATION

Please print clearly.

Application Date:
Business Number (BN):
Society Registration Number:

1. Full Name or Title of Organization:

2. Is your organization the registered owner of the property?

Yes

No - if No, is the organization a lessee under a lease that requires direct payment of property taxes to the City of Williams Lake?

Yes - If Yes, attach copy of Lease

No - if No, Not Eligible for Permissive Tax Exemption

3. Does anyone live in the building(s) or on the property?

No

Yes,

attached is a caretaker agreement that specifies rent free accommodation in exchange for this service

4. Mailing Address of the Organization:

5. Civic Address of Property if Different than mailing address:

6. Property Legal Description:

Roll # _____

Plan: _____

Lot: _____

7. Contact Person:

Name: _____

Phone number(s): _____

E-mail: _____
(preferred communication method)

8. If the Organization a Registered Charity?

No

Yes

▶ If yes, provide a copy of last Registered Charity Information Return that has been submitted to the CRA along with Notice of Confirmation.

Has the board of directors, property usage, or nature of organization changed since the last submission of Registered Charity Information Return?

No

Yes - If yes, please explain below:

9. If the Organization is not a Registered Charity is it a Non-Profit?

Yes

▶ If yes, provide a copy of the Organization's last Non-Profit Return submitted to the CRA along with Notice of Confirmation, and attach a list of the current board of directors.

No - If No, Not Eligible for Permissive Tax Exemption

10. List all licenses held by Organization (i.e. licenses under the Community Care Facility Act, Hospital Act, Library Act, City of Williams Lake Business License, or other)

11. a) Describe the goal(s) or purpose(s) of the Organization:

b) How is the property used to accomplish the Organization's goal(s) or purpose(s)?

12. Size of membership or number of patients or residents utilizing the property.

13. How will the community and/or participants benefit?

14. Nature of Organization, please tick boxes that apply to your organization:

- Community Care Facility licensed under Community Care Facility Act
- Short Term Emergency or Protective Housing
- Maximum length of stay permitted? _____
- Halfway Houses, Group Homes or Supportive Housing for People with Special Needs
- Maximum length of stay permitted? _____
- Social Services, such as Food Banks, Drop in Centres for People with Special Needs, Seniors, or Youth
- Support Services and Programs for People with Special Needs, who are in some way disadvantaged and need assistance in maximizing their quality of life; such as counselling for substance abuse, or employment re-entry programs
- Athletic Club or Association that has membership to the club or association available to residents of Williams Lake
- Attach a fee schedule (if applicable)
- Recreational Facility that offers programs to the residents of Williams Lake
- Attach a fee schedule (if applicable)
- Park or Recreational Ground available to the residents of Williams Lake
- Attach a fee schedule (if applicable)
- Cultural Facility available to residents of Williams Lake
- Attach a fee schedule (if applicable)
- Preservation of Wildlife, Environment or Domestic Animal Shelter
- Other, please describe below:

15. Does your organization have any 3rd party agreements including rental or use of the building(s), parking lot(s), or services rendered? i.e. Daycare

- No
- Yes - if Yes, indicate the following:

Facility Name	m ² or ft ² of leased premises, compared to total area of the land and building	Leased Space Business Type	Rate charged

16. Has the organization received grants from the City of Williams Lake, Senior Government (Provincial or Federal), Local Government, Crown Agencies, or other funding agencies in the last 5 years?

- No
- Yes - if Yes, complete the following:

Year	Purpose of Grant	Amount

17. Is the organization in compliance with all municipal policies, plans, bylaws and other applicable regulations (i.e. business licensing, zoning)?

Yes

No - if No, please explain:

I understand that all required information must be completed and attached to this application to be considered for a Permissive Tax Exemption.

I understand that it is our organization's responsibility to maintain the principal use of the property, or portion thereof, for the purpose described in this application and contact the City of Williams Lake immediately if any changes occur with respect to ownership or principal use of property.

I certify that I have the authority to sign this application on behalf this organization and that the information provided in this application and supporting documentation is true and accurate to the best of my knowledge.

Name: _____ **Signature:** _____

Position: _____ **Date:** _____

Knowingly submitting an application or information that is not true or accurate will result in loss of eligibility and recovery of improperly claimed tax exemption(s).