Application for Property Tax Exemption Arts Facility or Museum

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

				505.05)= 0\!I	\ <u>'</u>				
Pı	operty Roll Identifier			FOR OF	FICE US	SE ONL	. Y	Taxation 1	Year	Date	
Le	gal Description	Lot	Block	Plan		Part	Se	ес. Том	nship	Range	Mer.
М	unicipal Property Address										
Т	otal Assessment		Li	and Assessm	ent			Building Ass	sessm	ent	
							44.				
	ART 1 – PROPER	TY INFO	RMATION	(Required	-					_	,
Na	ame of property owner					Telephone	e Number (I	Bus)	Tel	ephone Numbe	r (Res)
Ad	ddress of property owner						Postal Cod	e	Fax	Number	
Ad	ddress of property for which	h exemptior	n is requested								
Р	ortion/Area of the property	held by the	organization	All [Part /	Area Occi	upied is:				
CC	s there an agreement in place that onfirms the portion of the property eld by the organization? Yes If yes, provide expiry date (mm / dd / yyyy) No										
Р	ART 2 – ORGANIZ	ATION I	NFORMAT	ION							
	ame of organization operat				ı		Telepho	ne Number (B	us)	Fax Number	
Ad	t under which organization	n is register	ed as a non-pro	fit organizatio	n		F	Registration N	umber		
0	ganization's objectives/pu	rposes									
1.											
2.											
3.											
4.											
5.											
a)	Are the resources of this objectives/purposes?	organizatior	n devoted to the	above	Ye	s 🗌 N	lo If No, at	tach explanati	on		
b)	Are there any monetary g organization as a result of			the	Ye	s If Yes,	attach expl	anation	No		
c)	Does your organization exthe following year(s)?	•		perty during	Ye	s If Yes,	attach expl	anation	No		
d)	Is any income or profits from or shareholder of the organization.				Ye	s If Yes,	attach expl	anation	No		
e)	Are the organization's ser and /or business?	vices simila	r to any other o	rganization	$\overline{}$	s If Yes,	attach a sh	eet providing	the org	ganization/busin	ess name(s)
					No						

PART	3 - RETAIL COMMERCIAL O	R LICENSED AREA		
Does the	organization have a retail commercial are	a at this location? Yes	No	
If yes, do	you operate this area? Yes	No		
What go	ods 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 a	rea within the facility been issued a gamin	g/liquor license? Yes If yes	, enclose copy No Cl	ass Area (Sq.Ft)
PART	4 - PROPERTY USE INFORM	MATION specific to an art	ts/museum facility	
What fac	ilities are on the property?			
2.				
3. 4.				
5.				
What are	the membership requirements including for	ees?		
	any restrictions in place preventing anyor	ne from using the facility?	s No	
If there a	re restrictions, explain			
	ervices provided by the organization adver neral public, or primarily to members?	rtised and promoted Gener	al Public Members	
PART	5 - CONTACT INFORMATION			
Contact I	Name	Position with Organization	Telephone Number (Bus)	Telephone Number (Res)
Mailing A	ddress for non profit organization		Postal Code	Fax Number
Presiden	t of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number
Treasure	r of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number
PART	6 - REQUIRED INFORMATIO	N – please ensure the fo	ollowing are submitte	ed as attachments
1)	Certificate of Incorporation, current of Association and the Articles of Ass		n is registered in good star	nding and the Memorandum
2)	Copies of:			
	The organizations most current fire	nancial statements,		
	• Certificate of Title (if applicable),			
	The current lease agreement with	the property owner (if applicable	e),	
	 A plan showing the area leased. 			
3)	If applicable, a letter from the proper understands that the municipality wil may be different from that used by the	l estimate taxes on the area occ		
4)	Any available brochures, newsletters	s or other pertinent information re	elative to the organization.	
5)	Any other information that the Asses	sment Department may deem n	ecessary.	
	at I am authorized to submit this appli as attachments to this form, is true ar			
	n is included.	and the second s	and the second s	
	Name (Please Print)	Date	Position	Signature

Application for Property Tax Exemption Care and Supervision of Children

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

			FOR OF	FICE US	SE ONL	Y				
Property Roll Identifier								Taxation Yea	n Date	
Legal Description	Lot	Block	Plan		Part		Sec.	Townsh	ip Range	Mer.
Municipal Property Addres	SS									
Total Assessment		L	and Assessm	nent			Ви	uilding Assess	sment	
PART 1 – PROPE	RTY INFOR	RMATION	(Required	d by Nov	ember 3	30 th of	the y	ear preced	ding the tax	ation year
Name of property owner			•	-	Γelephone		-	-	Telephone Num	-
Address of property owne	r				F	Postal Co	ode	ı	Fax Number	
Address of property for wh	nich exemption	is requested								
Portion/Area of the proper	ty held by the c	organization	All	Part	Area Occu	pied is:				
Is there an agreement in p confirms the portion of the held by the organization?		Yes If	yes, provide e	expiry date		(mm / da	d / yyyy	(mi	te organization t	ook occupancy
PART 2 – ORGAN	IZATION II	NFORMA	TION							
Name of organization ope	rating the facilit	y used for car	e and supervi	ision of chi	ldren	Teleph	one N	lumber (Bus)	Fax Number	er
Act under which organizate	tion is registere	d as a non-pro	ofit organization	on			Regis	stration Numb	per	
Organization's objectives/	purposes									
1.										
2.										
3.										
4.										
5.										
Are the resources of th objectives/purposes?	is organization	devoted to the	e above	Ye	s No	o If No,	attach	explanation		
b) Are there any monetary organization as a resul			y the	Ye	s If Yes, a	attach ex	planat	ion No	0	
c) Does your organization the following year(s)?	•		operty during	Ye	s If Yes, a	attach ex	planat	ion No	o O	
d) Is any income or profits or shareholder of the o				Ye	s If Yes, a	attach ex	planat	ion No	0	
e) Are the organization's and /or business?	services similar	to any other	organization	Ye		attach a s	sheet p	providing the	organization/bu	siness name(s)
This information is being collect Exemption Regulation (AR281/S Provisions of the FOIP Act. Que	98) and s.33(c) of	the Freedom of	Information and	d Protection	of Privacy A					

(Municipality Contact Information)

PART 3 – RETAIL COMMI	ERCIAL O	R LICENSED A	REA			
Does the organization have a retail co	ommercial are	ea at this location?	Yes	No		
If yes, do you operate this area?	Yes	No				
What goods or services are sold at the	e retail comm	ercial area?				
For what purpose is the net income fr	om the retail	commercial area used?				
					Class	Area (Sq.Ft)
Has an area within the facility been is	sued a gamin	g/liquor license?	Yes If yes	s, enclose copy No	Class	Alea (Sq.i t)
PART 4 – PROPERTY US	E INFORM	//ATION specific	to a fac	lity for the care/su	pervision of	children
Is the organization licensed under the	Daycare Reç	gulation by the Province	? Ye	es If yes, enclose copy	No	
How many children are you licensed	for?		How many	full time children are super	vised?	
What type of facility do you operate?	Are there a	any restrictions in place	nreventing a	nyone from using the facilit	/? Yes [□ No
Daycare		restrictions, explain	provonting	myone nom doing the idemi	,	
Nursery School						
Drop-In Center						
PART 5 – CONTACT INFO	RMATIO	N				
Contact Name		Position with Organiz	ation	Telephone Number (Bus)	Telephone I	Number (Res)
Mailing Address for non profit organiz	ation	1		Postal Code	Fax Numbe	r
President of Organization		Telephone Number (l	Bus)	Telephone Number (Res)	Fax Numbe	r
Treasurer of Organization		Telephone Number (I	Bus)	Telephone Number (Res)	Fax Numbe	r
PART 6 – REQUIRED INF	ORMATIC)N – please ensi	ure the fo	blowing are submi	tted as attac	chments
Certificate of Incorporati of Association and the A			organizatio	n is registered in good st	anding and the	Memorandum
2) Copies of:						
 The organizations mo 	st current fir	nancial statements,				
 Certificate of Title (if a 	applicable),					
 The current lease agr 	eement with	the property owner	(if applicabl	e),		
 A plan showing the ar 	rea leased.					
 If applicable, a letter from understands that the mu may be different from th 	inicipality wil	I estimate taxes on t		is aware of this exempti cupied by the organization		
4) Any available brochures	, newsletters	s or other pertinent ir	formation r	elative to the organization	n.	
5) Any other information that	at the Asses	sment Department m	nay deem n	ecessary.		
certify that I am authorized to sub orm, and as attachments to this fo application is included.						
• •						
Name (Please Print)		Date		Position	Sign	nature

Application for Property Tax Exemption Linguistic Organization or Ethno Cultural Association

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

				FOR OF	FICE U	SE ON	NLY					
Pr	operty Roll Identifier								Taxation Ye	ear Date		
Le	gal Description	Lot	Block	Plan		Part	S	Sec.	Towns	ship R	ange	Mer.
Mı	unicipal Property Address											
To	otal Assessment		L	and Assessme	ent			Ви	uilding Asse	ssment		
			•									
	ART 1 – PROPER	TY INFO	RMATION	(Required	-			•				• ,
Na	ame of property owner				Telephone Number (Bus)						Numbe	er (Res)
Ac	ddress of property owner						Postal Co	ode		Fax Numb	er	
Ac	ldress of property for whic	h exemption	n is requested									
Po	Portion/Area of the property held by the organization All Part Area Occupied is:											
co	s there an agreement in place that onfirms the portion of the property eld by the organization? Yes If yes, provide expiry date (mm / dd / yyyy) No Date organization took occupancy (mm / dd / yyyy)											
P	PART 2 – ORGANIZATION INFORMATION											
Na	ame of organization opera	ting the faci	ity used for ling	guistic and/or e	thno cultu	ural ass	ociation	Telep	hone Numb	per (Bus)	Fax N	lumber
Ac	t under which organization	n is register	ed as a non-pro	ofit organization	n			Regis	stration Num	nber	I	
Oı	ganization's objectives/pu	rposes										
1.												
2.												
3.												
4.												
5.												
a)	Are the resources of this objectives/purposes?	organizatio	devoted to the	e above	Ye	s	No If No, a	attach	explanation	n		
b)	Are there any monetary gorganization as a result o			y the	Ye	s If Ye	es, attach exp	planat	ion N	No		
c)	Does your organization enthe following year(s)?	xpect to mo	ve from this pro	operty during	Ye	s If Ye	es, attach exp	planat	ion N	No		
d)	Is any income or profits from shareholder of the organization.				Ye	s If Ye	es, attach exp	planat	ion	No		
e)	Are the organization's ser and /or business?	vices simila	r to any other o	organization	Ye		es, attach a s	sheet p	providing the	e organizati	on/busir	ness name(s)

PART	3 - RETAIL COMMERCIAL O	R LICENSED AREA									
Does the	organization have a retail commercial are	a at this location? Yes	No								
If yes, do	you operate this area? Yes	No									
What go	ods 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 a	area within the facility been issued a gamin	g/liquor license? Yes If yes	s, enclose copy No	Area (Sq.Ft)							
PART	4 - PROPERTY USE INFORM	MATION specific to lingui	istic and/or ethno c	ultural facilities							
What fac	ilities are on the property?										
2.											
3. 4.											
5.											
What tim	es are they accessible to the general publi	c? What are the	ne membership requirements	s including fees?							
Are there	e any restrictions in place preventing anyor	ne from using the facility?	es No								
If there a	re restrictions, explain										
	services provided by the organization adve neral public, or primarily to members?	rtised and promoted Gener	ral Public Members								
PART	5 - CONTACT INFORMATION	N									
Contact		Position with Organization	Telephone Number (Bus)	Telephone Number (Res)							
Mailing A	Address for non profit organization		Postal Code	Fax Number							
Presiden	t of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number							
Treasure	er 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							
1)	Certificate of Incorporation, current of Association and the Articles of As		n is registered in good sta	nding and the Memorandum							
2)	Copies of:										
	The organizations most current fire	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)	If applicable, a letter from the proper understands that the municipality wil may be different from that used by the	I estimate taxes on the area occ									
4)	Any available brochures, newsletters	s or other pertinent information r	elative to the organization	ı .							
5)	Any other information that the Asses	sment Department may deem n	ecessary.								
form, and	at I am authorized to submit this appli as attachments to this form, is true an n is included.										
	Name (Please Print)	Date	Position	Signature							

Application for Property Tax Exemption Non Profit Organization

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

		FOR OF	ICE USE O	DNLY				
Property Roll Identifier						Taxation Year	Date	
Legal Description Lot	Block	Plan	Pa	art S	Sec.	Township	Range	Mer.
Municipal Property Address								
Total Assessment		Land Assessme	nt		В	uilding Assessm	nent	
				44-	•			
PART 1 – PROPERTY INFO	PRMATION	N (Required)	-		_	- ,		,
Name of property owner			Telep	hone Number	r (Bus)) Te	elephone Numb	er (Res)
Address of property owner				Postal Co	ode	Fa	x Number	
Address of property for which exemption	n is requested	1				-		
Portion/Area of the property held by the	organization	All	Part Area	Occupied is:				
Is there an agreement in place that	Yes I	f voo provido ov	niny data			Date	organization to	ok occupancy
confirms the portion of the property held by the organization?	□ res i	f yes, provide ex	piry date	(mm / do	d/yyy	y) (mm	/ dd / yyyy)	
neid by the enganization.								
PART 2 – ORGANIZATION	INFORMA	ATION						
Name of organization operating the fac				Telephone I	Numb	er (Bus) Fa	x Number	
Act under which organization is registe	red as a non-n	orofit organization	1		Regi	stration Numbe	<u> </u>	
The dider willow organization to register	rou do a non p	ont organization			rtogi	Stration (Valido		
Organization's objectives/purposes								
1.								
2.								
3.								
4.								
5.								
a) Are the resources of this organization	n dayatad ta t	ho above		¬				
objectives/purposes?	ii devoled lõ l	ne above	Yes	No If No,	attach	explanation		
 Are there any monetary gains or ber organization as a result of its provisi 			Yes If	Yes, attach ex	planat	tion No		
c) Does your organization expect to me the following year(s)?	ove from this p	property during	Yes If	Yes, attach ex	planat	tion No		
d) Is any income or profits from the org or shareholder of the organization of			Yes If	Yes, attach ex	planat	tion No		
e) Are the organization's services similar and /or business?	ar to any other	r organization	Yes If	Yes, attach a s	sheet	providing the or	ganization/bus	ness name(s)
			☐ No					
This information is being collected for property Exemption Regulation (AR281/98) and s.33(c) provisions of the FOIP Act. Questions about th	of the Freedom	of Information and I	Protection of Pri					

(Municipality Contact Information)

PART	PART 3 – RETAIL COMMERCIAL OR LICENSED AREA									
Does the	e organization have a retail commercial are	a at this location?	Yes	No						
If yes, de	o you operate this area? Yes	No								
What go	ods or services are sold at the retail comm	ercial area?								
For wha	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 non	profit organizatio	n					
What fac	cilities are on the property?									
2.										
4.										
What tim	What times are they accessible to the general public? What are the membership requirements including fees?									
Describe	e the purpose for which the facility is used.		Describe th	ne typical beneficiary and w	where they reside.					
Aro the a	o any restrictions in place proventing a	on from union the feetile	<u> </u>	no 🗆 No						
	e any restrictions in place preventing anyor are restrictions, explain	ie nom using the facility	y? Ye	s No						
Are the	Are the services provided by the organization advertised and promoted Constal Bublic Members									
to the ge	eneral public, or primarily to members?	·	Gener	al Public Members						
	5 - CONTACT INFORMATION	1		Talanhana Niveshan (Diva	Talanhana Niumban (Daa)					
Contact	name	Position with Organiz	ation	Telephone Number (Bus) Telephone Number (Res)					
Mailing /	Address for non profit organization			Postal Code	Fax Number					
Presider	nt of Organization	Telephone Number (l	Bus)	Telephone Number (Res) Fax Number					
Treasure	er of Organization	Telephone Number (l	Bus)	Telephone Number (Res) Fax Number					
PART	6 - REQUIRED INFORMATIO	N – please ensi	ure the fo	ollowing are subm	itted as attachments					
1)	Certificate of Incorporation, current of Association and the Articles of Association		organizatio	n is registered in good s	tanding and the Memorandum					
2)	Copies of:									
	The organizations most current fire	nancial statements,								
	 Certificate of Title (if applicable), 									
	The current lease agreement with A plan showing the area leased.	the property owner	(if applicabl	e),						
3)	 A plan showing the area leased. If applicable, a letter from the proper 	ty owner confirming	that ho/sho	is aware of this evennt	ion application and					
3)	understands that the municipality wil may be different from that used by the	l estimate taxes on t								
4)	Any available brochures, newsletters	s or other pertinent in	nformation r	elative to the organization	on.					
5)	5) Any other information that the Assessment Department may deem necessary.									
form, and	hat I am authorized to submit this appli I as attachments to this form, is true ar on is included.	nd accurate in every		d that all information red	quired under Part 6 of this					
	Name (Please Print)	Date		Position	Signature					

Application for Property Tax Exemption Thrift Shops or Sheltered Workshops

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

				FOR OF	FICE US	E ONL	Υ				
Pr	operty Roll Identifier							Taxation	n Year	Date	
Le	gal Description	Lot	Block	Plan		Part	Se	эс. То	ownship	Range	Mer.
М	unicipal Property Address	3									
To	tal Assessment		L	and Assessme	ent			Building A	ssessm	ent	
Р	ART 1 – PROPER	TY INFOR	MATION	(Required	by Nove	mber	30 th of th	he year pr	ecedir	ng the taxa	tion year)
Na	me of property owner				Т	elephon	e Number (Bus)	Tel	ephone Numbe	r (Res)
Ad	dress of property owner						Postal Cod	de	Fax	Number	
Ad	dress of property for which	ch exemption i	s requested								
Po	rtion/Area of the property	held by the o	rganization	All [Part A	rea Occ	upied is:				
co	s there an agreement in place that onfirms the portion of the property eld by the organization? Yes If yes, provide expiry date (mm / dd / yyyy) No										
Р	ART 2 – ORGANI	ZATION IN	IFORMAT	ΓΙΟΝ							
Na	me of organization opera	ating the facility	y used for a th	nrift shop or sh	eltered wo	kshop	Telepho	one Number (Bus)	Fax Number	
Ad	t under which organization	on is registered	l as a non-pro	ofit organization	n			Registration I	Number		
Oı	ganization's objectives/p	urposes									
1.											
2.											
3.											
4.											
5.											
a)	Are the resources of this objectives/purposes?	organization of	devoted to the	above	Yes	□ N	lo If No, a	ttach explana	ation		
b)	Are there any monetary organization as a result			y the	Yes	If Yes,	attach exp	lanation	No		
c)	Does your organization of the following year(s)?	expect to move	e from this pro	perty during	Yes	If Yes,	attach exp	lanation	No		
d)	Is any income or profits to or shareholder of the org				Yes	If Yes,	attach exp	lanation	No		
e)	Are the organization's seand /or business?	ervices similar	to any other c	organization	Yes No	If Yes,	attach a sh	neet providinç	g the org	ganization/busin	ess name(s)

PART	3 - RETAIL COMMERCIAL O	R LICENSED AREA		
Does th	e organization have a retail commercial are	ea at this location?	No	
If yes, d	o you operate this area? Yes	No		
What go	oods or services are sold at the retail comm	ercial area?		
For wha	t 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 ye	s, enclose copy No	Class Area (Sq.Ft)
PART	4 - PROPERTY USE INFORM	MATION specific to thrift	shops/sheltered wo	orkshops
l .	cilities are on the property?			
1. 2.				
3. 4.				
What ar	e the membership requirements including for	ees?		
Aro that	a any restrictions in place proventing anyon	ne from using the facility?	es No	
	e any restrictions in place preventing anyor are restrictions, explain	ie from using the facility?	es 🔛 No	
	5 – CONTACT INFORMATION	1	1	1
Contact	Name	Position with Organization	Telephone Number (Bus)	Telephone Number (Res)
Mailing	Address for non profit organization		Postal Code	Fax Number
Preside	nt of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number
Treasur	er of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number
PART	6 – REQUIRED INFORMATIO	N – please ensure the f	ollowing are submit	ted as attachments
1)	Certificate of Incorporation, current of Association and the Articles of As		on is registered in good sta	anding and the Memorandum
2)	Copies of:			
	The organizations most current fire	nancial statements,		
	Certificate of Title (if applicable),			
	The current lease agreement withA plan showing the area leased.	the property owner (if applicab	le),	
3)	If applicable, a letter from the proper	ty owner confirming that he/she	e is aware of this exemption	n application and
0,	understands that the municipality will may be different from that used by the	I estimate taxes on the area oc		
4)	Any available brochures, newsletters	s or other pertinent information	relative to the organization	1.
5)	Any other information that the Asses	sment Department may deem r	necessary.	
form, and	hat I am authorized to submit this appl d as attachments to this form, is true an on is included.			
	Name (Please Print)	Date	Position	Signature

Application for Property Tax Exemption Chamber of Commerce

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

				FOR OF	FICE US	E ONL	Υ				
Pr	operty Roll Identifier							Taxatio	n Year	Date	
Le	gal Description	Lot	Block	Plan		Part	S	ec. T	ownship	Range	Mer.
М	unicipal Property Address	5									
To	otal Assessment		L	and Assessm	ent			Building A	Assessme	ent	
Р	ART 1 – PROPER	TY INFOR	RMATION	(Required	by Nove	mber	30th of the	he year pi	recedir	ng the taxa	tion year)
Na	ame of property owner				Т	elephon	e Number ((Bus)	Tel	ephone Numbe	r (Res)
Ad	ddress of property owner						Postal Cod	de	Fax	Number	
Ad	ddress of property for which	ch exemption	is requested								
Po	ortion/Area of the property	y held by the o	organization	All [Part A	rea Occ	upied is:				
co	there an agreement in place that onfirms the portion of the property eld by the organization? Yes If yes, provide expiry date (mm / dd / yyyy) No										
Р	ART 2 – ORGANI	ZATION IN	NFORMAT	ΓΙΟΝ							
Na	ame of organization opera	ating the facilit	y used for a c	hamber of con	nmerce act	ivities	Telepho	ne Number	(Bus)	Fax Number	
Ad	ct under which organization	on is registered	d as a non-pro	ofit organizatio	n			Registration	Number	<u> </u>	
Oı	ganization's objectives/p	urposes					L				
1.											
2.											
3.											
4.											
5.											
a)	Are the resources of this objectives/purposes?	organization	devoted to the	e above	Yes		lo If No, a	ttach explan	ation		
b)	Are there any monetary organization as a result of			y the	Yes	If Yes,	attach exp	lanation	No		
c)	Does your organization of the following year(s)?	expect to move	e from this pro	perty during	Yes	If Yes,	attach exp	lanation	No		
d)	Is any income or profits to or shareholder of the organization.				Yes	If Yes,	attach exp	lanation	No		
e)	Are the organization's se and /or business?	ervices similar	to any other o	organization	Yes No	If Yes,	attach a sl	heet providin	g the org	ganization/busir	ess name(s)

PART 3 – RETA	L COMMERCIAL C	R LICENSED AR	REA				
Does the organization h	nave a retail commercial are	ea at this location?	Yes	No			
If yes, do you operate the	nis area? Yes	No					
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?					
To mat purpose to the	The modified from the retains	oommoroidi drod dood.					
Has an area within the	acility been issued a gamir	g/liquor license?	Yes If yes	s, enclose copy \[\bigcup \cdot \cd	lo Cla	ass	Area (Sq.Ft)
	ERTY USE INFORM	MATION specific	to a cha	mber of comm	erce		
What facilities are on th	e property?						
2. 3.							
4.							
What times are they ac	cessible to the general publ	ic?	What are t	he membership require	ements i	ncluding fees	?
Are there any restriction	ns in place preventing anyo	ne from using the facility	? \ \ \ \ \ \	es No			
If there are restrictions,		.5 // doing the racility					
Are the services provide	ed by the organization adve	rtised and promoted					
to the general public, or	primarily to members?	· 	Gene	ral Public Membe	ers		
PART 5 – CONT	ACT INFORMATIO	N					
Contact Name		Position with Organiza	ation	Telephone Number	(Bus)	Telephone	Number (Res)
Mailing Address for nor	profit organization			Doctol Code		Fay Number	
Mailing Address for nor	profit organization			Postal Code		Fax Number	∍r
President of Organization	on	Telephone Number (B	Bus)	Telephone Number	(Res)	Fax Number	er er
Treasurer of Organizati	on	Telephone Number (B	Bus)	Telephone Number	(Res)	Fax Numbe	 er
PART 6 – REQU	IRED INFORMATION)N – please ensu	ire the fo	ollowing are su	bmitte	ed as atta	chments
Certificate c	f Incorporation, current on and the Articles of As	confirmation that the c					
2) Copies of:							
The orga	nizations most current fir	nancial statements,					
 Certificat 	e of Title (if applicable),						
	ent lease agreement with	the property owner (i	if applicabl	e),			
·	owing the area leased.						
understands	e, a letter from the proper is that the municipality wi erent from that used by the	Il estimate taxes on th					
4) Any availab	le brochures, newsletter	s or other pertinent inf	formation r	elative to the organi	zation.		
5) Any other in	formation that the Asses	sment Department ma	ay deem n	ecessary.			
form, and as attachme application is included.		nd accurate in every r		d that all information		ed under Pa	art 6 of this
Name (Please	Print)	Date		Position		Sig	nature

Application for Property Tax Exemption Community Association

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

		FOR OFFICE	USE ONLY				
Property Roll Identifier					Taxation Yea	Date	
Legal Description	Lot Block	Plan	Part	Sec.	Townsh	nip Range	Mer.
Municipal Property Address							
Total Assessment		Land Assessment			Building Asses	sment	
PART 1 – PROPERTY INFORMATION (Required by November 30 th of the year preceding the taxation year)							
Name of property owner	TINFORMATIO	N (Required by N	Telephone N			Telephone Number	• ,
Address of property owner			Po	ostal Code		Fax Number	
Address of property for which	n exemption is requeste	d					
Portion/Area of the property	neld by the organization	All Pa	rt Area Occupi	ed is:			
Is there an agreement in place confirms the portion of the prheld by the organization?		If yes, provide expiry d		mm / dd / yy	(m	ate organization to nm / dd / yyyy)	ok occupancy
DARTA ORGANIZ	ATION INCORM	ATION					
PART 2 – ORGANIZ Name of organization operat			olic	Telephone	Number (Bus)	Fax Number	
Act under which organization	is registered as a non-	profit organization		Reg	gistration Num	ber	
Organization's objectives/pui	poses						
1.							
2.							
3.							
4.							
5.							
Are the resources of this objectives/purposes?	organization devoted to	the above	Yes No	If No, attac	ch explanation		
b) Are there any monetary garanization as a result of			Yes If Yes, at	tach explan	ation N	0	
c) Does your organization ex the following year(s)?	spect to move from this	property during	Yes If Yes, at	tach explan	ation N	0	
d) Is any income or profits from or shareholder of the organization.			Yes If Yes, at	tach explan	ation N	0	
e) Are the organization's ser and /or business?	vices similar to any othe	er organization	•	tach a shee	et providing the	organization/busi	ness name(s)
This information is being collected to	ar proporty toy overntion	ournosos in accordance ::	No ith the Municipal C	Povornmont /	1ct and Commi	ity Organization Pro-	orty Tax
his 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 rovisions of the FOIP Act. Questions about the collection of this information can be directed to							

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 go	ods or services are sold at the retail comm	ercial area?						
For what	t purpose is the net income from the retail of	commercial area used?						
					0 (0 5)			
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	MATION specific	to a con	nmunity associatio	n			
What fact	cilities are on the property?							
2.								
3. 4.								
	e the charitable and benevolent purpose that	at is for the benefit of th	e general pu	blic.				
1. 2.								
3. 4.								
What are	e the membership requirements including for	ees?	How many	hours per week is this facili	ty operated for this purpose?			
Are then	e any restrictions in place preventing anyor	ne from using the facility	√?	es No				
	are restrictions, explain	ie nom using the facility	/: Te	:5 [_] NO				
DADT	5 – CONTACT INFORMATION	N.						
Contact		Position with Organiz	ation	Telephone Number (Bus)	Telephone Number (Res)			
		0						
Mailing /	Address for non profit organization			Postal Code	Fax Number			
Presider	nt of Organization	Telephone Number (I	Bus)	Telephone Number (Res)	Fax Number			
Treasure	er of Organization	Telephone Number (I	Bus)	Telephone Number (Res)	Fax Number			
PART	6 - REQUIRED INFORMATIO	N – please ensi	ure the fo	ollowing are submi	tted as attachments			
1)	Certificate of Incorporation, current of Association and the Articles of Association		organizatio	n is registered in good st	anding and the 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)	If applicable, a letter from the proper understands that the municipality wil may be different from that used by the	l estimate taxes on the						
4)	Any available brochures, newsletters	or other pertinent in	formation r	elative to the organizatio	n.			
5)	Any other information that the Assess	sment Department m	nay deem n	ecessary.				
form, and	nat I am authorized to submit this appli I as attachments to this form, is true ar on is included.							
	Name (Please Print)	Date		Position	Signature			

Application for Property Tax Exemption Fairs or Exhibitions

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

				FOR OF	FICE US	E ONLY					
Р	roperty Roll Identifier							Taxation Y	ear	Date	
Le	egal Description	Lot	Block	Plan		Part	Sec.	Town	ship	Range	Mer.
M	Municipal Property Address										
T	otal Assessment		L	and Assessme	ent			Building Asse	essme	ent	
Р	ART 1 – PROPER	TY INFO	RMATION	(Required	by Nove	ember 30) th of the	vear prec	edin	ng the taxa	tion year)
	ame of property owner			` '	-	elephone N				ephone Numbe	,
Α	ddress of property owner					Po	stal Code		Fax	Number	
A	ddress of property for which	ch exemption	is requested								
Р	ortion/Area of the property	held by the	organization	AII _	Part A	rea Occupi	ed is:				
CC	there an agreement in pla onfirms the portion of the p eld by the organization?		Yes If y	ves, provide ex	piry date	(n	nm / dd / yy	(organization too dd / yyyy)	ok occupancy
Р	ART 2 – ORGANIZ	ZATION	NFORMAT	ION							
N	ame of organization opera	ting the facil	ity used for fairs	s or exhibitions	3	Telephone	e Number (Bus) F	ax N	umber	
Α	ct under which organizatio	n is registere	ed as a non-pro	fit organization	<u> </u>		Re	gistration Nu	mber		
0	rganization's objectives/pu	ırposes					I				
1.											
2.											
3.											
4.											
5.											
a)	Are the resources of this objectives/purposes?	organization	devoted to the	above	Yes	☐ No	If No, attac	ch explanatio	n		
b)	Are there any monetary organization as a result of			y the	Yes	If Yes, att	ach explar	nation	No		
c)	Does your organization ethe following year(s)?	expect to mo	ve from this pro	perty during	Yes	If Yes, att	ach explar	nation	No		
d)	Is any income or profits f or shareholder of the org				Yes	If Yes, att	ach explan	nation	No		
e)	Are the organization's se and /or business?	rvices simila	r to any other o	rganization	$\overline{}$	If Yes, att	ach a shee	et providing th	ne org	janization/busir	ness name(s)
					∐ No						

PART 3 – RETAIL COMM	IERCIAL O	R LICENSED AREA		
Does the organization have a retail of	commercial area	a at this location? Yes	No	
If yes, do you operate this area?	Yes	No		
What goods or services are sold at t	the retail comme	ercial area?		
For what purpose is the net income	from the retail c	ommercial area used?		
Has an area within the facility been	issued a gamino	g/liquor license? Yes If yes	s, enclose copy No Cla	Area (Sq.Ft)
PART 4 – PROPERTY US	SE INFORM	IATION specific to fairs	or exhibition facilitie	S
What facilities are on the property? 1. 2. 3. 4.				
What are the membership requirement	ents including fe	ees?		
Are there any restrictions in place proof of there are restrictions, explain	eventing anyon	e from using the facility? Ye	s No	
PART 5 – CONTACT INF	ORMATION	I		
Contact Name		Position with Organization	Telephone Number (Bus)	Telephone Number (Res)
Mailing Address for non profit organ	ization		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 INF	ORMATIO	N – please ensure the fo	ollowing are submitte	ed as attachments
Certificate of Incorpora of Association and the		onfirmation that the organization sociation, if any.	n is registered in good stan	ding and the Memorandum
2) Copies of:				
The organizations m		ancial statements,		
Certificate of Title (if The current lease as		the property owner (if applicabl	۵)	
A plan showing the a	-	the property owner (ii applicable	o),	
	unicipality will	ry owner confirming that he/she estimate taxes on the area occ e landlord.		
4) Any available brochure	s, newsletters	or other pertinent information r	elative to the organization.	
5) Any other information the	nat the Assess	sment Department may deem n	ecessary.	
I certify that I am authorized to sur form, and as attachments to this fo application is included.				
Name (Please Print)		Date	Position	Signature

Application for Property Tax Exemption Sports or Recreation Facility

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

				FOR OF	FICE US	E ONLY					
Р	roperty Roll Identifier							Taxation Ye	ear	Date	
L	egal Description	Lot	Block	Plan		Part	Sec.	Town	ship	Range	Mer.
M	unicipal Property Address										
T	otal Assessment		L	and Assessme	ent			Building Asse	essme	ent	
P	ART 1 – PROPER	TY INFO	RMATION	(Required	by Nove	ember 30	th of the	year prec	edin	ng the taxa	tion year)
Ν	ame of property owner				Т	elephone N	umber (Bu	s)	Tele	ephone Numbe	er (Res)
Α	ddress of property owner				•	Po	stal Code		Fax	Number	
Α	ddress of property for which	ch exemption	n is requested								
Р	ortion/Area of the property	held by the	organization	All _	Part A	rea Occupio	ed is:				
C	there an agreement in pla onfirms the portion of the p eld by the organization?		Yes If y	ves, provide ex	piry date	(n	nm / dd / yy	(organization too dd / yyyy)	ok occupancy
P	PART 2 – ORGANIZATION INFORMATION										
Ν	ame of organization opera	ting the facil	ity used for spo	rts or recreation	on	Telephone	Number (Bus) F	ax N	umber	
Α	ct under which organizatio	n is registere	ed as a non-pro	fit organization	n		Re	gistration Nur	nber		
0	rganization's objectives/pu	ırposes					l				
1.											
2.											
3.											
4.											
5.											
a)	Are the resources of this objectives/purposes?	organization	n devoted to the	above	Yes	☐ No	If No, attac	ch explanatio	n		
b)	Are there any monetary organization as a result of			y the	Yes	If Yes, att	ach explan	nation	No		
c)	Does your organization e the following year(s)?	expect to mo	ve from this pro	perty during	Yes	If Yes, att	ach explan	nation	No		
d)	Is any income or profits for shareholder of the org				Yes	If Yes, att	ach explan	nation	No		
e)	Are the organization's se and /or business?	rvices simila	r to any other o	rganization	Yes	If Yes, att	ach a shee	et providing th	e org	anization/busir	ness name(s)

PART 3 – RETAIL COMMERCIAL C	OR LICENSED AREA							
Does the organization have a retail commercial area at this location? Yes No								
If 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 gamin	ng/liquor license? Yes If yes	s, enclose copy No	ss Area (Sq.Ft)					
PART 4 – PROPERTY USE INFOR	MATION specific to sport	s and recreation faci	lities					
List the sports and recreation activities occurring a 1.	t the facility.							
2. 3.								
4.								
How many hours per week is your portion of the fa operated for sports and recreation?	Are the majority of th	ose participating in sports or re	creation under the age of 18?					
Percentage of time participants under the age of 1	8 use facility What	are the membership requireme	ents including fees?					
Are there any restrictions in place preventing anyour lf there are restrictions, explain	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 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	ON – please ensure the fo	ollowing are submitte	d as attachments					
 Certificate of Incorporation, current of Association and the Articles of As 		n is registered in good stand	ding and the Memorandum					
2) Copies of:								
 The organizations most current fi 	nancial statements,							
Certificate of Title (if applicable), The appropriate the second and additional appropriate the second additional appropriate the second and		- \						
The current lease agreement withA plan showing the area leased.	n the property owner (if applicabl	e),						
•	rtv owner confirming that he/she	is aware of this exemption	application and					
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, newsletter	s or other pertinent information r	elative to the organization.						
5) Any other information that the Asses	ssment Department may deem n	ecessary.						
certify that I am authorized to submit this app iorm, and as attachments to this form, is true a application is included.	and accurate in every respect, an	d that all information require	ed under Part 6 of this					
Name (Please Print)	Date	Position	Signature					

Application for Property Tax Exemption General

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

Pı	operty Roll Identifier			FOR OF	FICE US	SE ONL	Υ	Taxation	Year	Date	
Le	egal Description	Lot	Block	Plan		Part	Se	ec. Tov	vnship	Range	Mer.
М	unicipal Property Address										
To	otal Assessment		Li	and Assessmo	ent			Building As	sessm	ent	
Р	ART 1 – PROPER	TY INFO	RMATION	(Required	by Nov	ember	30 th of th	he year pre	cedir	ng the taxat	tion year)
N	ame of property owner					Telephone	e Number ((Bus)	Tel	ephone Numbe	r (Res)
A	ddress of property owner						Postal Cod	de	Fax	Number	
A	ddress of property for which	n exemption	is requested						•		
Р	ortion/Area of the property	held by the	organization	All [Part /	Area Occi	upied is:				
CC	there an agreement in place onfirms the portion of the public by the organization?		Yes If y	es, provide ex	xpiry date		(mm / dd /	/ уууу)		organization too organization too	k occupancy
Р	PART 2 – ORGANIZATION INFORMATION										
N	ame of organization operat	ing the facili	ty				Telepho	one Number (B	us)	Fax Number	
A	ct under which organization	n is registere	d as a non-pro	fit organizatio	n		1	Registration N	umber		
0	rganization's objectives/pu	rposes									
1.											
2.											
3.											
4.											
5.											
a)	Are the resources of this objectives/purposes?	organization	devoted to the	above	Ye	s N	o If No, a	ttach explanat	on		
b)	Are there any monetary gorganization as a result of			y the	Ye	s If Yes,	attach exp	lanation	No		
c)	Does your organization exthe following year(s)?	rpect to mov	e from this pro	perty during	Ye	s If Yes,	attach exp	lanation	No		
d)	Is any income or profits from shareholder of the organization.				Ye	s If Yes,	attach exp	lanation	No		
e)	Are the organization's ser and /or business?	vices similar	to any other o	rganization	$\overline{}$		attach a sh	neet providing	the org	ganization/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? Yes 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	s, enclose copy No	Class Area (Sq.Ft)						
PART 4 - PROPERTY USE INFORM	MATION								
What facilities are on the property?									
1. 2.									
3. 4.									
5.									
What times are they accessible to the general publi	c? What are t	he membership requirement	s including fees?						
Are there any restrictions in place preventing anyor	ne from using the facility?	es No							
If there are restrictions, explain									
Are the services provided by the organization adver	rtised and promoted Cons	ral Public Members							
to the general public, or primarily to members?	Gene	rai Public Members							
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						
Procident of Organization	Talanhana Number (Dua)	Tolonhone Number (Dec)	Fay 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 f	ollowing are submi	tted as attachments						
Certificate of Incorporation, current of Association and the Articles of As		n is registered in good st	anding and the Memorandum						
3) Copies of:									
The organizations most current fir	nancial statements,								
 Certificate of Title (if applicable), 									
 The current lease agreement with 	the property owner (if applicab	le),							
A plan showing the area leased.									
4) If applicable, a letter from the property that the municipality will estimate taxed different from that used by the landlore.	es on the area occupied by the								
5) Any available brochures, newsletters	or other pertinent information	relative to the organizatio	n.						
6) Any other information that the Assess	sment Department may deem r	ecessary.							
Loertify that I am authorized to submit this appliform, and as attachments to this form, is true arapplication is included.									
Name (Please Print)	Date	Position	Signature						

Application for Property Tax Exemption Short Form

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

			FOR OFFICE	USE ONL	Υ			
Property Roll Identifier						Taxation Ye	ear	Date
Legal Description	Lot	Block	Plan	Part	Sec.	Towns	ship	Range Mer.
Municipal Property Address								
Total Assessment			Land Assessment			Building Asse	essme	ent
PART 1 – PROPER	TY INFO	RMATIO	N (Required by No	ovember :	30 th of the	year prec	edin	ng the taxation year)
Name of property owner				Telephone	Number (Bu	ıs)	Tele	ephone Number (Res)
Address of property owner					Postal Code		Fax	Number
Address of property for which	ch exemption	is requeste	ed					
Portion/Area of the property	/ held by the	organizatior	All Par	rt Area Occu	pied is:			
Is there an agreement in place confirms the portion of the pheld by the organization?		Yes No	If yes, provide expiry da	ite	(mm / dd / y	(organization took occupancy organization took occupancy organization do
PART 2 – ORGANI	ZATION I	NFORM	ATION					
Name of organization opera	ating the facili	ity			Telephone	Number (Bus	3)	Fax Number
Contact Name			Position with Organizat	ion	Telephone N	umber (Bus)	T	Telephone Number (Res)
Mailing Address for non pro	ofit organization	on					P	Postal Code
Organization's objectives/p	urposes							
1.								
2.								
3.								
4.								
5.								
List the facilities and services provided and how they benefit the general public 1.								
2.								
3.								
4.								
5.								
İ								

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 tha 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.

Ιc

form, and as attachments to this form, is true application is included.	e and accurate in every res _l	pect, and that all information r	equired under Part 3 of this
Name (Please Print)	Date	Position	Signature