RENEWAL - APPLICATION FORM FOR PERMISSIVE EXEMPTION FROM PROPERTY TAXATION FOR 2024-2027

FOR OFFICE USE ONLY

Date Received: _____ or

Received Stamp:

Method Received:

☐ In Person

☐ Mail

☐ E-Mail

Stamped Copy Given/Sent to Applicant ☐

APPLICANT INFORMATION

Organization name: _____

Contact name: _____ Title: _____

Telephone no: _____ Fax No: _____

Email address: _____

Mailing address: _____

_____

_____

Society registration number: _____

Charity registration number: _____

Property address: _____ Folio No: _____

Please review the following list and check off items that have changed since the last application:

☐ Are there any changes to the Board of Directors? If so, please provide an updated list.

☐ Are there any changes to the registered owner of the property?

☐ Any changes to the principal use of the property?

☐ Any changes to the organization's purpose or goals?

☐ Any changes to the programs being offered?

☐ Any changes to any 3rd party agreements?

☐ Any changes in grant funding?

☐ Has the organization's charity or non-profit status changed?

☐ Are there any changes in regards to persons residing on the property?

If you checked any of the above boxes, please explain below or attach applicable documentation.

_____

_____

_____

_____

_____

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: _____