



Property Assessment Department • Service de l'évaluation foncière

REQUEST A REVIEW FOR A PROPERTY TAX EXEMPTION

Date:	
Property Roll Identifier:	
Municipal Property Address:	
Taxation Year:	
Total Assessment:	
Statutory Exemption under the Municipal Assessment Act:	YES or NO

I. PROPERTY INFORMATION

Name of Property Owner		
Address of Property Owner	Tel	Fax
Address of property for which exemption is requested		
What portion/area of the above property does the organization hold? All Part Area Occupied		
Is there an agreement in place that confirms the portion of the property held by the organization? YES NO	If yes, provide expiry date	Date on which organization took up occupancy?

II. ORGANIZATION INFORMATION

Name of organization operating the facility	Tel	Fax
Organization's objectives/purposes 1. _____ 2. _____ 3. _____ 4. _____		
Act under which organization is registered as a non-profit organization	Registration number	
Are the resources of this organization devoted to the above objectives/purposes? YES NO If no, please explain in an attachment	Is there any monetary gain or benefit received by the organization as a result of its provision of services? YES NO If yes, please explain in an attachment.	
Does your organization expect to move from this property during the current year? YES NO If yes, please explain in an attachment.		
Is any income or profits from the organization paid to a member or shareholder of the organization other than as wages? YES NO If yes, please explain in an attachment.		

III. 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 commercial area used?			
Has an area within the facility been issued a gaming/liquor license? Class	YES Area	NO Sq.Ft.	If yes, enclose a copy

IV. PROPERTY USE INFORMATION

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?	
Are there any other restrictions in place preventing anyone from using the facility? If yes, what are they?	YES NO
Are the services provided by the organization advertised and promoted to the general public, or primarily to members?	General Public Members

V. CONTACT INFORMATION

Contact Name	Position with Organization	Tel	Fax
Preferred mailing address for Non-Profit Organization			Postal Code
Organization's President		Tel	Fax
Organization's Treasurer		Tel	Fax

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 Section VI of this application is included.	
Name (please print)	Date (Mandatory)
Position Signatur	e

Please provide all information required in order for the Property Assessment Department to determine the exempt status of the property occupied by your organization.

VI. OTHER REQUIRED INFORMATION

Please ensure the following are submitted as attachments to the application:

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. Copy of all applicable Licenses.
3. Copy of the organization's most current financial statements.
4. Copy of title (if applicable).
5. Copies of:
 - The current lease agreement with the property owner (if applicable); and,
 - A plan showing the area leased.
6. A letter from the property owner confirming (if applicable);
The property owner
 - Is aware of this exemption application; and,
 - Understands 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.
7. Any available brochures, newsletters or other pertinent information relative to your organization.

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