



# 2023 Permissive Tax Exemption Application for Places of Worship & Hospitals

**NOTE: If your organization received a Permissive Tax Exemption in 2022 you are not required to complete & submit this full application. Renewal information will be sent directly to the mailing address on file for your organization.**

**Please Submit Applications to the Finance Department:**

Box 159, 13211 Henry Avenue Summerland, BC V0H 1Z0

Phone: (250) 494-6451 Fax: (250) 494-1415

Email: [finance@summerland.ca](mailto:finance@summerland.ca) Website: [www.summerland.ca](http://www.summerland.ca)

**Application Deadline:** July 31, 2022

**All applicants will be requested to attend a Committee of the Whole meeting in August or September as part of the application process.**

The following information must be provided to Municipal Hall by the application deadline for Council's consideration.

APPLICATION DATE: \_\_\_\_\_

FULL NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS OF PROPERTY TO BE EXEMPT: \_\_\_\_\_

LEGAL DESCRIPTION: Lot \_\_\_\_\_ Plan \_\_\_\_\_ District Lot \_\_\_\_\_

TAX ROLL NUMBER: \_\_\_\_\_

CONTACT DETAILS: CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SOCIETY NUMBER: \_\_\_\_\_

BUSINESS NUMBER: \_\_\_\_\_

REGISTERED CHARITY OR NON-PROFIT ORGANIZATION NUMBER: \_\_\_\_\_

1. Applications cannot be considered for societies not in good standing. Is this society in compliance with all municipal policies, plan, bylaws and other applicable regulations (i.e. business licensing, zoning)?

Yes       No

If no, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Is your organization the registered owner of the property for which the exemption is required?

- Yes       No

If No, is the organization a lessee under a lease which requires direct payment of property taxes to the District of Summerland?

- Yes       No

If Yes, please attach a copy of the lease.

If No, your organization is not eligible for Permissive Tax Exemption.

3. Does anyone live in the building or do you have any 3<sup>rd</sup> party agreements including rental or use of the building, parking lot or services rendered?

- Yes       No

If Yes, please attach agreement(s) and indicate the following:

Leased to	Sq. footage leased	Rate charged

4. Does your organization have revenue generating activities on your property, i.e. hall rentals, catering, daycares, preschools, parking lots, etc.?

- Yes       No

If Yes, attach a fee schedule and indicate the following:

Activity	Organization or Operator	Annual Income

5. Describe the goal(s) of the organization. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. How will the community, members and/or participants benefit? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Size of congregation, enrolment, or number of patients utilizing the property. \_\_\_\_\_

8. Have you received grants from the District of Summerland, senior government (federal or provincial), regional government, crown agencies or other funding agencies in the last 3 years?  
 Yes       No

If Yes, please indicate the following:

Date Grant Received	Amount Received	From	Purpose

I have read the District of Summerland’s tax exemption criteria and certify the information contained in this application is true and accurate to the best of my knowledge.

I understand that all required information must be attached to this application to be considered for Permissive Tax Exemption and additional information may be requested.

I understand it is our organization’s responsibility to contact the District of Summerland if any changes occur with respect to ownership or principal use of the property.

**The following items must be submitted with the application to be considered:**

- Copy of last Registered Charity Information Return submitted to the CRA and Notice of Confirmation;
- Copy of most current Audited Financial Statements;
- Financial budget for the next year;
- List of current Board of Directors / Trustees;
- Copy of lease agreement (if applicable);
- Copy of 3<sup>rd</sup> party agreements or caretaker agreement (if applicable).

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

*Knowingly submitting an application or information that is not true or accurate will result in loss of eligibility.*