

2024 Permissive Tax Exemption Application for Places of Worship & Hospitals

NOTE: If your organization received a Permissive Tax Exemption in 2023 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 Website: www.summerland.ca

Application Deadline: July 31, 2023

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.

۷.	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 If No, your organization	copy of the lease. on is not eligible for Pe	rmissive Tax Exemptio	n.			
3.	Does anyone live in the building or do you have any 3 rd 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 char	ged		
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:						
	ir res, attach a ree schedule and mulcate the following.						
	Activity		Organization or Operator		Annual Income		
5.	Describe the goal(s) of the organization.						
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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					
applica	read the District of Summer tion is true and accurate to	the best of my knowledg	ge.						
	stand that all required info emption and additional info			considered for Permissive					
	stand it is our organization spect to ownership or princ			nd if any changes occur					
The fol	lowing items must be subr	mitted with the application	on to be considered:						
	 □ 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); 								
Name:		Sig	Signature:						
Positio	n:	Da	Date:						

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