



**COMPREHENSIVE APPLICATION FORM
FOR
PERMISSIVE TAX EXEMPTION
Not-For-Profit Organizations
2 Year Application**

PLEASE FORWARD BY SEPTEMBER 6

**City of West Kelowna
2760 Cameron Rd
West Kelowna, BC
V1Z 2T6**

The following items must accompany the application:

- Copy of last Not-For-Profit Organization Information Return or Registered Charity Information Return submitted to the CRA and Notice of Confirmation
- Copy of the most current Financial Statements
- Financial Budget (Pro-forma Balance Sheet and Income Statement) for Current 12 Months
- Scale Drawing of Property, which includes buildings, parking lots, landscaping, playgrounds, fields, etc.
- Copy of Lease Agreement, if applicable
- Copy of Caretaker Agreement, if applicable

Consideration will only be given to applications accompanied by all of the above information.

Comprehensive Permissive Tax Exemption Application Not-For-Profit Organization

Application Date: _____
For Taxation Year: _____
Business Number: BN _____
Society Registration Number: _____

1. Full name or title of organization:

2. Is your organization the registered owner of the property?

Is the organization a lessee under a lease that requires direct payment of property taxes to the City of West Kelowna?

3. Does anyone live in the building(s) or on the property?

4. Mailing Address of the organization:

5. Civic Address of property if different than mailing address:

6. Property Legal Description Roll # _____

- Plan: _____ Lot: _____
7. Name, phone number, and e-mail address of contact person:

Name Phone # e-mail (preferred communication method)

8. Is the organization a registered charity?

- Provide a copy of last Registered Charity Information Return that has been submitted to the CRA along with Notice of Confirmation.

Has the board of directors, property usage, or nature of organization changed since that last submission of Registered Charity Information Return?

9. If the organization is not a Registered Charity is it a Not-For-Profit?

- Provide a copy of the Organization's last Not-For-Profit Return submitted to the CRA along with Notice of Confirmation, and attach a list of the current board of directors.

10. List all licenses held by the organization. (i.e. licenses under the Community Care Facility Act, Hospital Act, Library Act, City of West Kelowna Business License, or Other)

11. a) Describe the goal(s)/purpose(s) of the organization?

b) How is the property used to accomplish the organization's goal(s)/purpose(s)?

12. Size of membership or number of patients or residents utilizing the property.

13. How will the community and/or participants benefit?

14. Nature of organization, please tick boxes that apply to your organization:

- ☐ Community Care Facility licensed under Community Care Facility Act
- ☐ Short Term Emergency or Protective Housing
 - Maximum length of stay permitted? _____.
- ☐ Halfway Houses, Group Homes or Supportive Housing for People with Special Needs
 - Maximum length of stay permitted? _____.
- ☐ Social Services, such as Food Banks, Drop in Centres for People with Special Needs, Seniors, or Youth
- ☐ Support Services and Programs for People with Special Needs, who are in some way disadvantaged and need assistance in maximizing their quality of life; such as counselling for substance abuse, or employment re-entry programs
- ☐ Athletic Club or Association that has membership to the club or association available to residents of Westside
 - Attach a fee schedule (if applicable)
- ☐ Recreational Facility that offers programs to the residents of Westside
 - Attach a fee schedule (if applicable)
- ☐ Park or Recreational Ground available to the residents of Westside
 - Attach a fee schedule (if applicable)
- ☐ Cultural Facility available to residents of Westside

- Attach a fee schedule (if applicable)

☐ Preservation of Wildlife, Environment or Domestic Animal Shelter

☐ Other, please describe below:

15. Does your organization have any 3rd party agreements including rental or use of the building(s), parking lot(s) or services rendered? i.e. daycare

Facility Name	ft ² of leased premises	Leased Space Business Type	Rate charged

16. Has the organization received grants from the City of West Kelowna, senior government (provincial or federal), regional government, crown agencies, or other funding agencies in the last 5 years?

▪ Complete the below information:

Year Purpose of Grant Amount

17. Is the organization in compliance with all municipal policies, plans, bylaws, and other applicable regulations (i.e. business licensing, zoning)?

I understand that all required information must be attached to this application to be considered for a Permissive Tax Exemption.

I understand that if this application is approved in full or in part for the year, it is our organization's responsibility to complete a comprehensive application or renewal application (as determined by the City of West Kelowna), for submission prior to the **deadline of each year** to be considered for a future Permissive Tax Exemption.

I understand that it is our organization's responsibility to contact the City of West Kelowna if any changes occur with respect to ownership or principal use of property.

I certify that I am a current board member of this organization and that the information provided in this application and supporting documentation is true and accurate to the best of my knowledge.

Name: _____

Signature: _____

Position: _____

Date: _____

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