



RENEWAL APPLICATION FORM FOR PERMISSIVE TAX EXEMPTION Not-for-Profit Organization

PLEASE FORWARD BY SEPTEMBER 6

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

- Applicants may be requested to submit additional information such as most current Financial Statements, Financial Budget, Not-for-Profit Organization Return or Registered Charity Return at a later date.
- Organizations are reminded that it is your responsibility to complete and submit a renewal application prior to the deadline of each year to be considered for a future Permissive Tax Exemption.
- Upon receiving your renewal application, we will only notify you if there is a change to your organization's Permissive Tax Exemption status.

Permissive Tax Exemption Renewal Application Not-for-Profit Organization

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

1. Full Name or Title of Organization:

2. Mailing Address of the Organization:

3. Civic Address of Property if Different then mailing address:

4. Property Legal Description Roll # _____

Plan: _____ Lot: _____

5. Name, phone number, e-mail of Contact Person:

<i>Name</i>	<i>Phone #</i>	<i>e-mail (will be communication method)</i>
-------------	----------------	--

6. Has the Board of Directors changed since last year's application?

If Yes, please attach a list of the current Board of Directors.

7. Have any of the following changed since the last year's comprehensive application or renewal application:

Change in registered owner of property? Yes ☐ No ☐

Change in principal property use? Yes ☐ No ☐

Change in organization's purpose or goals? Yes ☐ No ☐

Change in programs offered? Yes ☐ No ☐

Change in grant funding? Yes ☐ No ☐

Change in Registered Charity or Not-for-Profit status? Yes ☐ No ☐

Change in persons residing on property? Yes ☐ No ☐

If Yes, to any of the questions, please explain below:

8. Has your organization made changes to any 3rd party agreements including rental or use of the building(s), parking lot(s) or services rendered? i.e. Daycare

Is this a new Agreement (Check Box)	Is this a cancelled Agreement (Check Box)	Facility Name	ft ² of leased premises	Leased Space Business Type	Rate charged

I understand additional information may be requested prior to consideration for a Permissive Tax Exemption.

I understand that if this application is approved in full or in part for the year of application, it is our organization's responsibility to complete a comprehensive application or renewal form (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 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.