



**COMPREHENSIVE APPLICATION FORM
FOR
PERMISSIVE TAX EXEMPTION
Places of Worship, Private Schools and Hospitals
2 Year Application**

PLEASE FORWARD BY SEPTEMBER 6

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

The following items must be submitted with the application:

- Copy of last 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 that 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 with all of the information submitted.

Permissive Tax Exemption Application for Places of Worship, Private Schools and Hospitals

Application Date: _____
For Taxation Years: _____
Business Number: BN _____
Society Registration Number _____
If Hospital, license number under Hospital Act: _____

1. Full name or title of organization:

2. Is the 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)?

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, e-mail of contact person:

Name	Phone #	e-mail (preferred communication method)
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8. a) Describe the goal(s) or purpose(s) of the organization?

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

9. Size of congregation, enrolment, or patients utilizing the property.

10. How will the community and/or members benefit?

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

Facility Name	area of leased premises (square feet)	Leased Space Business Type	Rate charged

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

If "Yes", complete the below information:

<u>Year</u>	<u>Purpose of Grant</u>	<u>Amount</u>
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13. Is the organization in compliance with all municipal policies, plans, bylaws and other applicable regulations (i.e. business licensing, zoning)?

I understand that additional information may be requested, prior to consideration of this application for a Permissive Tax Exemption.

I understand that if this application is approved in full or part for the tax years 2017 to 2018. It is our organization's responsibility to contact City of West Kelowna if changes occur with respect to ownership or 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.