



City of Port Alberni

Permissive Tax Exemption Application

APPLICATION DEADLINE

Deadline for receipt of applications: **4:30 pm, August 14, 2023**

To: Deputy Director of Finance
City of Port Alberni, 4850 Argyle Street, Port Alberni, BC V9Y 1V8

A SEPARATE APPLICATION IS REQUIRED FOR EACH PROPERTY

REQUIREMENTS

The following items **must be** submitted with your application:

- Copy of last Non-Profit Organization Information Return or Registered Charity Information Return submitted to the CRA and Notice of Confirmation
- Copy of the most recent Notice to Reader prepared Financial Statements
- Financial Budget (Pro-forma Balance Sheet and Income Statement) for current 12 months
- Copy of Land Title within last 30 days
- 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 with all of the above information submitted.

APPLICANT INFORMATION

Please print clearly

| | |
|------------------------------|--|
| Application Date: | |
| Business Number: | |
| Society Registration Number: | |

1. Full name or Title of Organization:

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

- Yes
- No – if No, is the organization a lessee under a lease that requires direct payment of property taxes to the City of Port Alberni?
- Yes – if Yes, attach copy of Lease
- No – if No, Not eligible for Permissive Tax Exemption

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

No

Yes,

attached is a caretaker agreement that specifies rent free accommodation in exchange for this service

4. Mailing address of the Organization:

| |
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| |
|--|

5. Civic Address of Property (if different than mailing address):

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6. Property Legal Description: Folio# _____

Plan: _____ Lot: _____

7. Contact Person for Organization:

| | |
|------------|--|
| Name: | |
| Phone No.: | |
| E-Mail: | |

8. Is the Organization a Registered Charity:

No

Yes

If yes, 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 the last submission of Registered Charity Information Return?

- No Yes – if yes, please explain below:

9. If the Organization is not a Registered Charity is it a Non-Profit

- Yes
If yes, provide a copy of last Non-Profit Return submitted to the CRA along with Notice of Confirmation, and attach a list of the current Board of Directors.
- No – If No, not eligible for Permissive Tax Exemption

10. List all Licenses held by Organization (ie. licenses required under any *Act*, City of Port Alberni Business Licence, or other)

11. (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)?

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

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

14. How many volunteer hours does your organization log? _____

15. Does the organization conduct retail and/or commercial activities on the premises, including the sale of food and/or liquor?

No Yes – if yes, percent of revenue: _____

16. The City's policy identifies specific priorities for granting exemptions. Please tick boxes that apply to the nature of your organization:

- athletic or recreational programs or facilities for youth;
- facilities and services for persons requiring additional supports; mental wellness and addictions
- programming for seniors;
- protection and maintenance of important community heritage;
- arts, cultural or educational programs or facilities;
- emergency and rescue services;
- services for the public in a formal partnership with the City
- preservation to an environmental or ecologically sensitive area designated within the Official Community Plan.
- Place of Worship
- Other – please describe below

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

- No Yes – if yes, indicate the following:

| Facility Name | Sq.ft. of leased premises | Leased Space Business Type | Rate Charged |
|---------------|---------------------------|----------------------------|--------------|
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18. Has the organization received Community Investment Program or other grants from the City of Port Alberni, Provincial or Federal Government, Local Government, Crown Agencies, or other funding agencies in the last 5 years?

- No Yes – if yes, complete the following:

| Year | Purpose of Grant | Amount |
|------|------------------|--------|
| | | |
| | | |
| | | |
| | | |

19. Is the organization in compliance with all municipal policies, plans, bylaws, and other applicable regulations (ie. business licencing, zoning)?

- Yes No – if no, please explain:

CHURCHES ONLY complete sections 20-23

20. Are all the buildings on the lands in use and continue to be set aside for public worship?

Yes No – if no, please explain:

21. Does anyone reside on or in the church property?

Yes, if yes provide size _____ square feet No

22. Is there a Daycare on site?

Yes, if yes provide size _____ square feet No

23. Do you charge rent for the Daycare to operate?

Yes, if yes provide annual rent _____ No

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, it is our organization's responsibility to complete a comprehensive application or confirmation of eligibility (as determined by the City of Port Alberni), by the stated deadline in each year in order to be considered for future Permissive Tax Exemptions.

I understand that it is our organization's responsibility to contact the City of Port Alberni 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.