

DISTRICT OF CLEARWATER

**Place of Worship, Private School, and Hospital
PERMISSIVE TAX EXEMPTION
APPLICATION**

**In the matter of the taxation exemption bylaw pursuant to Sections 220 or 224
of the *Community Charter* in the District of Clearwater**

Pursuant to Section 220 or 224 of the *Community Charter* (see enclosed for your convenience):

I, _____ of _____
Name Mailing Address

_____ Telephone No. (_____) _____ or (_____) _____
Home Work

In the Province of British Columbia, do solemnly declare THAT:

1. I am the _____ of the
Position currently held with the organization

Name of Corporation, Association, Society or Organization

Have knowledge of the facts hereinafter deposed with respect to the following property for which a tax exemption is being applied for:

_____ **Property Civic Address** _____ **Roll/Folio No**

Legal Description of Property

2. Full name or title of organization: _____

3. Mailing address of the organization: _____

4. Name and phone number of two other officials in organization (i.e. Pastor, President, Manager, etc)

Name: 1. _____ 2. _____

Title: _____

Day Phone No.: _____

Night Phone No.: _____

5. The lands are registered in the name of:

6. The exemption claimed under Section 224 is pursuant to Subsection 2, Clause (_____)

(Please supply the relevant clause designation from Section 224(2) – options are one of (a) to (k))

7. What is the principal use of the property?

8. Is any part of the building or of the property used or rented by any group other than your organization? If so, what % of the building or % of total operating hours is rented?

9. Please provide details of other activities on your property; such as daycare centres, catering and hall rental, thrift shop, etc.

The following information is required for each activity:

- hours per day and days per week or year of operation
- approximate number of participants
- is the activity operated by the parent organization or by an outside organization

10. Explain how your organization is consistent with District policies, plan, bylaws, codes and regulations.

11. Explain how your organization is used primarily by Clearwater residents.

12. Explain what specific community benefits your organization provides to Clearwater.

13. Does anyone live in the buildings? If yes, how many people?

14. Has there been a change in the status or use of the buildings or property in the past 12 months? If so, please provide details.

15. The following items have been attached to this application.

- Prior year financial statements _____
- Next years annual budget _____
- Certificate of Incorporation _____
- Scale drawing of property _____

I certify that all information above is true and accurate and that in the event of an emergency we will assist the District of Clearwater with volunteers and / or the use of our facility.

Signature

Date: _____

Notes:

- a) The Application for Permissive Tax Exemption must be completed in full for it to be considered by Council.
- b) Applications for Permissive Tax Exemption must be received by 12:00 noon on Wednesday, September 25, 2012.

c) Permissive Tax Exemption Applications are to be submitted to:

District of Clearwater
Box 157
Clearwater, BC V0E 1N0

Or, dropped off at 132 Station Road.

d) The personal information on this form is collected for the purpose of an operating program of the District of Clearwater as noted in Section 26(c) of the *Freedom of Information and Privacy Act*. If you have any questions about the collection and use of this information, please contact the Corporate Administrator at (250) 674-2257.