

Application for Property Tax Exemption General

**Application deadline September 30th of
the year preceding the taxation year**

FOR OFFICE USE ONLY									
Property Roll Identifier						Taxation Year		Date	
Legal Description	<i>Lot</i>	<i>Block</i>	<i>Plan</i>	<i>Part</i>	<i>Sec.</i>	<i>Township</i>	<i>Range</i>	<i>Mer.</i>	
Municipal Property Address									
Total Assessment			Land Assessment			Building Assessment			

PART 1 – PROPERTY INFORMATION <i>(Required by November 30th of the year preceding the taxation year)</i>		
Name of property owner	Telephone Number (Bus)	Telephone Number (Res)
Address of property owner	Postal Code	Fax Number
Address of property for which exemption is requested		
Portion/Area of the property held by the organization <input type="checkbox"/> All <input type="checkbox"/> Part Area Occupied is:		
Is there an agreement in place that confirms the portion of the property held by the organization?	<input type="checkbox"/> Yes If yes, provide expiry date _____ <i>(mm / dd / yyyy)</i>	Date organization took occupancy <i>(mm / dd / yyyy)</i>
<input type="checkbox"/> No		

PART 2 – ORGANIZATION INFORMATION		
Name of organization operating the facility	Telephone Number (Bus)	Fax Number
Act under which organization is registered as a non-profit organization	Registration Number	
Organization's objectives/purposes		
1.		
2.		
3.		
4.		
5.		
a) Are the resources of this organization devoted to the above objectives/purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, attach explanation	
b) Are there any monetary gains or benefits received by the organization as a result of its provision of services?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
c) Does your organization expect to move from this property during the following year(s)?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
d) Is any income or profits from the organization paid to a member or shareholder of the organization other than as wages?	<input type="checkbox"/> Yes If Yes, attach explanation <input type="checkbox"/> No	
e) Are the organization's services similar to any other organization and /or business?	<input type="checkbox"/> Yes If Yes, attach a sheet providing the organization/business name(s) <input type="checkbox"/> No	

This information is being collected for property tax exemption purposes in accordance with the Municipal Government Act and Community Organization Property Tax Exemption Regulation (AR281/98) and s.33(c) of the Freedom of Information and Protection of Privacy Act. All personal information will be managed in compliance with the provisions of the FOIP Act. Questions about the collection of this information can be directed to Lacombe County Records Management Coordinator at 403-782-6601.
(Municipality Contact Information)

PART 3 – RETAIL COMMERCIAL OR LICENSED AREA

Does the organization have a retail commercial area at this location? Yes No

If yes, do you operate this area? Yes No

What goods or services are sold at the retail commercial area?

For what purpose is the net income from the retail commercial area used?

Has an area within the facility been issued a gaming/liquor license? <input type="checkbox"/> Yes If yes, enclose copy <input type="checkbox"/> No	Class	Area (Sq.Ft)
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PART 4 – PROPERTY USE INFORMATION

What facilities are on the property?

- 1.
- 2.
- 3.
- 4.
- 5.

What times are they accessible to the general public?

What are the membership requirements including fees?

Are there any restrictions in place preventing anyone from using the facility? Yes No

If there are restrictions, explain

Are the services provided by the organization advertised and promoted to the general public, or primarily to members? General Public Members

PART 5 – CONTACT INFORMATION

Contact Name	Position with Organization	Telephone Number (Bus)	Telephone Number (Res)
Mailing Address for non profit organization		Postal Code	Fax Number
President of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number
Treasurer of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number

PART 6 – REQUIRED INFORMATION – *please ensure the following are submitted as attachments*

- 2) Certificate of Incorporation, current confirmation that the organization is registered in good standing and the Memorandum of Association and the Articles of Association, if any.
- 3) Copies of:
 - The organizations most current financial statements,
 - Certificate of Title (if applicable),
 - The current lease agreement with the property owner (if applicable),
 - A plan showing the area leased.
- 4) If applicable, a letter from the property owner confirming that he/she is aware of this exemption application and understands that the municipality will estimate taxes on the area occupied by the organization based on methodology that may be different from that used by the landlord.
- 5) Any available brochures, newsletters or other pertinent information relative to the organization.
- 6) Any other information that the Assessment Department may deem necessary.

I certify that I am authorized to submit this application on behalf of the organization, and that the information provided on this application form, and as attachments to this form, is true and accurate in every respect, and that all information required under Part 6 of this application is included.

Name (Please Print)

Date

Position

Signature