



City of Meadow Lake
Annual Application for Property Tax Exemption
APPENDIX A - Non-Profit Organizations

FOR OFFICE USE ONLY

Property Roll Number		Taxation Year			Date				
Legal Description:	Lot	Block	Plan	Ext.	Part	Sec.	Township	Range	Meridan
Municipal Property Address									
Total Assessment			Land Assessment			Building Assessment			

PART 1 - PROPERTY INFORMATION (Required by September 1st of the year preceding the taxation year)

Name of property owner		Telephone Number (Bus)		Telephone Number (Res)	
Address of property owner			Postal Code		Email Address
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	<input type="checkbox"/> No
If yes, provide expiry date _____ (mm/dd/yyyy)				Date organization took occupancy (mm/dd/yyyy)	

PART 2 - ORGANIZATION INFORMATION

Name of organization operating the facility		Telephone Number (Bus)		Email Address	
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 Cities Act and the Cities Regulations and of the Local Authority Freedom of Information and Protection of Privacy Act. All personal information will be managed in compliance with the provisions of the LA FOIP Act.

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PART 3 - PROPERTY USE INFORMATION specific to a non-profit organization			
What facilities are on the property?			
1.			
2.			
3.			
4.			
What times are they accessible to the general public?		What are the membership requirements including fees?	
Describe the purpose for which the facility is used; programs, services and/or benefits delivered from the property		Participant numbers	Volunteer hours
Are there any restrictions in place preventing anyone from using the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If there are restrictions, explain.			
Are the services provided by the organization advertised and promoted to the general public, or primarily to members? <input type="checkbox"/> General Public <input type="checkbox"/> Members			

PART 4 - CONTACT INFORMATION			
Contact Name	Position with Organization	Telephone Number (Bus)	Telephone Number (Res)
Mailing Address for non-profit organization		Postal Code	Email Address
President of Organization	Telephone Number (Bus)	Telephone Number (Res)	Email Address
Treasurer of Organization	Telephone Number (Bus)	Telephone Number (Res)	Email Address

PART 5- REQUIRED INFORMATION - <i>please ensure the following are submitted as attachments</i>
1) Certificate of Incorporation, current confirmation that the organization is registered in good standing and the Articles of Association, if any.
2) Copies of: <ul style="list-style-type: none"> • The organizations most current financial statements; • Certificate of Title (if applicable); • copies of any licences or certificates authorizing the operations of the applicant, if applicable; • The current lease agreement with the property owner (if applicable); • A plan showing the area leased.
4) Any available brochures, newsletters or other pertinent information relative to the organization.
5) 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 5 of this application is included.

Name (Please Print)
Signature
Position
Date