



**Not-for-Profit/  
Charitable Organization  
PERMISSIVE TAX EXEMPTION  
APPLICATION FORM**

(under provisions of Section 224 of the *Community Charter*)

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| 1. | NAME OF ORGANIZATION:  |
| 2. | MAILING ADDRESS:   |
| 3. | TELEPHONE: _____ EMAIL: _____  |
| 4. | NAME OF CONTACT PERSON AND POSITION WITHIN THE ORGANIZATION:   |
| 5. | ADDRESS OF CONTACT PERSON (IF DIFFERENT THAN ABOVE)<br><br>TELEPHONE OF CONTACT PERSON: _____ EMAIL OF CONTACT PERSON: _____ |
| 6. | CIVIC ADDRESS OF PROPERTY OWNED/LEASED, BY THE APPLICANT:  |
| 7. | PROPERTY LEGAL DESCRIPTION:<br><br>Lot: _____ Plan: _____<br><br>PID(s): _____<br><br>Roll Number:478- _____                 |
| 8. | CURRENT 2021 ASSESSED VALUES OF<br><br>Building(s) _____<br><br>Land _____   |

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|     | <p>WHAT PERCENTAGE OF YOUR ASSESSMENT(S) ARE YOU ASKING FOR A PERMISSIVE TAXATION EXEMPTION?</p> <p>Building Assessment _____ %</p> <p>Land Assessment _____ %</p> <p>IF NOT ASKING FOR 100% PERMISSIVE TAXATION EXEMPTION FOR EITHER PLEASE GIVE REASON (REASONS) BELOW...</p>  |
| 9.  | <p>IS YOUR ORGANIZATION THE REGISTERED PROPERTY OWNER?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, does your organization have a lease with the property owner?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide a copy of your lease document.</p>   |
| 10. | <p>PLEASE ATTACH A LIST OF YOUR CURRENT EXECUTIVE/BOARD OF DIRECTORS</p>   |
| 11. | <p>IS THIS ORGANIZATION REGISTERED AS A PROVINCIAL SOCIETY?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes: date of the last annual report filed with the Province: _____<br/>(please attach a copy of the most recent annual report filed)</p>   |
| 12. | <p>IS YOUR ORGANIZATION REGISTERED AS A FEDERAL CHARITABLE ORGANIZATION?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, Registration Number: _____ Date of Registration: _____</p> <p>If yes: date of the last annual report filed with the CRA: _____<br/>(please attach a copy of the most recent annual charity information return)</p> |

|   |  |                                    |                          |     |                          |    |                          |   |          |     |                          |    |                          |
|---|--|------------------------------------|--------------------------|-----|--------------------------|----|--------------------------|---|----------|-----|--------------------------|----|--------------------------|
| 13.   | <p><b>FINANCIAL INFORMATION:</b></p> <p>Fiscal Year End of your organization: _____</p> <p>Have the most recent annual financial statements been</p> <p>1. Approved by the executive or board?    Yes    <input type="checkbox"/>    No    <input type="checkbox"/></p> <p>2. Audited?    Yes    <input type="checkbox"/>    No    <input type="checkbox"/></p> <p>You <u>must</u> attached the following to your application:</p> <p>Most recently approved financial statements:</p> <table><tr><td>Balance Sheet (Financial Position)</td><td>Attached</td><td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td></tr><tr><td>Income Statement (Revenue and Expenditures)</td><td>Attached</td><td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td></tr></table> <p>If any the above are not attached please explain why not:</p> | Balance Sheet (Financial Position) | Attached                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Income Statement (Revenue and Expenditures) | Attached | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Balance Sheet (Financial Position)          | Attached   | Yes                                | <input type="checkbox"/> | No  | <input type="checkbox"/> |    |                          |   |          |     |                          |    |                          |
| Income Statement (Revenue and Expenditures) | Attached   | Yes                                | <input type="checkbox"/> | No  | <input type="checkbox"/> |    |                          |   |          |     |                          |    |                          |
| 14.   | <p><b>NATURE OF ORGANIZATION (Please tick boxes that apply to your organization)</b></p> <p><input type="checkbox"/> Cultural Association</p> <p><input type="checkbox"/> Recreational or Athletic Association</p> <p><input type="checkbox"/> Service Club or Association</p> <p><input type="checkbox"/> Licensed Community Care Facility</p> <p><input type="checkbox"/> Short Term Emergency of Protective Housing<br/>Maximum length of stay permitted? _____</p> <p><input type="checkbox"/> Halfway House, Supportive Housing for People with Special Needs<br/>Maximum length of stay permitted? _____</p> <p><input type="checkbox"/> Registered Assisted Living Facility</p> <p><input type="checkbox"/> Supportive Services or Provision of Programs for People with Special Needs</p> <p><input type="checkbox"/> Other, please describe below:</p>  |                                    |                          |     |                          |    |                          |   |          |     |                          |    |                          |

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| 15. | <p>PLEASE PROVIDE THE FOLLOWING INFORMATION IN POINT FORM<br/>(ADDITIONAL SHEETS CAN BE USED)</p> <p>a) Describe the goals/purpose(s) of the organization;</p><br><br><br><br><br><br><br><br><br><br><p>b) How is the Property used to accomplish the organization's goals/purpose(s)?</p>  |
| 16. | <p>DESCRIBE HOW YOUR ORGANIZATION'S SERVICES/ACTIVITIES PROVIDE A BENEFIT TO THE RESIDENTS OF SMITHERS</p>   |
| 17. | <p>DOES YOUR GROUP'S SERVICES/ACTIVITIES BENEFIT A BROAD RANGE OF RESIDENTS OR A SPECIFIC GROUP?</p> <p>Broad range of residents <input type="checkbox"/></p> <p>Specific Group (please specify the group(s) below) <input type="checkbox"/></p> <p>If your group benefits a broad range of residents please provide an estimated number of residents this grant will benefit in the following categories:</p> <ul style="list-style-type: none"><li>• Municipal Residents (within the Smithers municipal boundaries)<br/>_____</li><li>• Rural Residents (surrounding rural area) _____</li><li>• Other Communities _____</li></ul> |

|     |  |
|-----|--|
| 18. | <p>HOW MANY EMPLOYEES DOES YOUR SOCIETY/CHARITY EMPLOY?</p> <p>Are volunteers used? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how many?</p>  |
| 19. | <p>MEMBERSHIPS AND/OR NUMBER OF PATIENTS:</p> <p>a) Indicate total number of members in organization: _____</p> <p>Of this total number of members, how many have paid memberships? _____</p> <p>Or</p> <p>b) Indicate total number of patients or residents utilizing the property:<br/>_____</p>   |
| 20  | <p>DOES ANYONE LIVE IN THE BUILDING(S) ON THE PROPERTY?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", Please attach a caretaker's agreement that specifies rent free accommodation in exchange for this service</p>   |
| 21. | <p>DOES YOU ORGANIZATION HAVE ANY 3<sup>RD</sup> PARTY AGREEMENTS INCLUDING RENTAL OR USE OF THE BUILDING(S), PARKING LOT(S) OR SERVICES RENDERED:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", Please list the name of the organization(S) that rent or use the property, the square footage of the property used by the other party and the rate(s) charged.</p> |
| 22. | <p>PLEASE LIST ALL LICENSES HELD BY THE ORGANIZATION (ie licenses under the Community Care Facility Act, Hospital Act, etc)</p>  |

**APPLICANT'S DECLARATION**  
**(to be completed by all applicants)**

- a) I understand that all required information must be attached to this application to be considered for a Permissive Taxation Exemption
- b) I understand that if an exemption is approved, all, or in part, by Council, that our organization will still have to reapply during the next permissive taxation renewal period, 3 years from now.
- c) I understand that it is our organization's responsibility to contact the Town of Smithers if any changes occur with respect to ownership or principal use of the property.
- d) I certify that I am a current board/executive member of this organization and that the information provided in the application and supporting documentation is true and accurate to the best of my knowledge.

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATED \_\_\_\_\_

.....  
Authorized Signature

Please forward your completed Application for a Permissive Tax Exemption (as a scanned .pdf document or printout)

by **Friday August 13, 2021** to the:

Town of Smithers  
Box 879, 1027 Aldous St  
Smithers, BC V0J 2N0

Or email: [nwalker@smithers.ca](mailto:nwalker@smithers.ca)

- The following items must accompany a completed application form (if applicable):

|   | Attached? |
|---|-----------|
| Copy of last Not-for-Profit Organization Information Return (or Registered Charity Information Return submitted to the CRA and Notice of Confirmation); |           |
| Current List of Board of Directors or Executive of the Organization;  |           |
| Copy of the most recent fiscal yearend Financial Statements including Balance Sheet and Income Statement;   |           |
| Scale Drawing of the Property, which includes Building(s), parking lots, playgrounds, fields etc;   |           |
| Copy of Lease Agreement if the applicant does not own the property; and/or  |           |
| Copy of Caretakers Agreement, if applicable.  |           |

- Applicants may be requested, at Council's request, to make a formal presentation of their application
- Applicants will be notified by letter as to Council's decision of the permissive taxation request

For information about the application process please contact Nese Walker, Senior Accounting Clerk, Town of Smithers at 250-847-1600.