

7030 Trans-Canada Highway Duncan, BC V9L 6A1 Canada www.northcowichan.ca T 250.746.3101

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## Permissive Tax Exemption Application (2024-2027)

NOTE: Applicants may be requested to attend a Committee of the Whole meeting in September as part of the application process

## Please submit application to the Finance Department

Director of Finance Municipality of North Cowichan Duncan, BC V9L 6A1 Fax. 250.746.3133

Email: finance@northcowichan.ca

## **APPLICATION DEADLINE: AUGUST 1**

**SECTION 1: GENERAL INFORMATION** 

The following information must be provided to Municipal Hall, either in person or by email, by the application deadline for Council's consideration. **Late applications will not be considered.** 

APPLICATION DATE:	
FULL NAME OF ORGANIZATION:	
MAILING ADDRESS OF PROPERTY:	
LEGAL DESCRIPTION:	
Lot: Block:	Plan:
TAX ROLL NUMBER:	PID:
CIVIC ADDRESS OF PROPERTY (if different than maili	ing address):
Not for profit (registered under So Not for profit (CRA registered) Registered Charity Other, please specify.	ocieties Act of BC)
SOCIETY NUMBER:	BUSINESS NUMBER:
REGISTERED CHARITY OR NON-PROFIT ORGANIZA	

Organization Executive:
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Title	Name	Phone No.
President		
Secretary		
Treasurer		

	Email:
issive Tax Exemption in prev	rious years?
YEAR(S)	
	issive Tax Exemption in prev

## **SECTION 2: ORGANIZATIONAL INFORMATION**

1. What is the nature of your organization?

Non-profit organization

Charitable/philanthropic organization

Athletic or Service Club/Associations (including golf course)

Care facility/registered assisted living residence

Partner of the municipality by agreement under s. 225 of the Community Charter

Other local authority

Place of public worship (and land surrounding exempt building)

Senior's home

2. To the best of your knowledge, is your organization in compliance with all municipal policies, bylaws and other applicable regulations (i.e., business licencing, zoning)?

YES

NO

If no, please explain:

3.	Describe the goals and o	ojectives of your organization:
4.	Do the objectives/goals o	of your organization align with any or all of North Cowichan's Strategic priorities?
	YES	NO
If yes, p	please explain:	
Describ	oe the activities your organ	ization carries out that contribute to the well-being of the community?
5.	caregivers, youth, indiger	rovide life essentials (food and shelter) and/or skills to a vulnerable population – lous, low income, immigrants and refugees, people experiencing homelessness, lestic violence, people living with mental illness, persons with disabilities, pets,
	YES	NO
If yes, p	please explain:	

6.	How does your organization foster diversity, promote inclusivity, and/or champion conservation?
7.	Identify the number of persons served by the organization within the Municipality of North Cowichan annually.
8. If yes,	Is membership or enrolment restricted in any way? YES NO please explain:
Provid	e examples of programs or services aimed at reducing disparities and/or barriers to access, if applicable?
SECTION	ON 3: PROPERTY INFORMATION
1.	Is the organization the registered owner of the property for which the exemption is being requested?  YES  NO
2.	If no, is the organization a lessee under a lease which requires direct payment of the property taxes to the Municipality of North Cowichan?  YES  NO
	If yes, please attach a copy of the lease.
3.	Does anyone live in the building, or do you have any 3 <sup>rd</sup> party agreements including rental or use of the building, parking lot or services rendered?

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	YES N	0	
	If yes, please attach agreement(s)	and indicate the following:	
	Leased to	Sq. Footage leased	Rate Charged
4.	How is your organization accessible	le to the public?	
SECT	ION 4: FINANCIAL INFORMATION		
1.			property (i.e., hall rentals, catering,
	YES	NO	
	If yes, please attach a Fee Schedul	e and indicate the following:	
	Activity	Organization/Operator	Annual Income
2.	Is your organization run by volunt	eers, paid staff, or a combination	of both?
Nun	nber of employees: Full-time:	Part-time:	Number of Volunteers:
3.	Have you received grants from the regional government, Crown Ager		Federal or Provincial government, the last 3 years?

NO

YES

If yes, please indicate the following:

Date Received Grant	Amount Received	From	Purpose

Please list other sources of revenue not covered, such as membership fe	ees charge	d or fundraising, etc
Trease list exiter searces of revenue flot covered, such as membership is	ses enarge	a or ranaraising, etc
	<b>#</b>	
Prior year actual operating expenses	\$	
Prior year actual operating revenues	\$	
Current year annual operating budget of organization (attach a copy)	\$	
Projected annual operating budget of the organization for the year of requested exemption		

A copy of the organizations most recent financial statements must be included with the application, along with a copy of the projected income and expenses.