



The Corporation of the District of Peachland

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PERMISSIVE TAX EXEMPTION 2022 COMPREHENSIVE APPLICATION FORM Not-For-Profit Organizations

Deadline for submissions August 30, 2021

The following items must accompany your application:

- ❖ Copy of last Not-for-Profit Organization Information Return or Registered Charity Information Return submitted to the CRA and Notice of Confirmation.
- ❖ Copy of the most current set of Financial Statements.
- ❖ Financial Budget (Pro-forma Balance Sheet and Income Statement for the current 12 months.
- ❖ Scale drawing of property which includes buildings, parking lots, landscaping, playgrounds, fields, etc.
- ❖ Copy of Lease Agreement, if applicable.
- ❖ Copy of Caretaker Agreement, if applicable.

Consideration will only be given to applications accompanied by all of the above information.

Comprehensive Permissive Tax Exemption Application Not-for-Profit Organization

Application Date _____ for Taxation Year _____

Business Number _____ Registered Society Number _____

1. Full name or title of Organization:

2. Is your Organization the registered owner of the property? Y / N

If NO, is the Organization a lessee under a lease that requires direct payment of property taxes to the District of Peachland? Y / N

If YES, attach a copy of the lease.
If NO, not eligible for Permissive Tax Exemption.

3. Does anyone live in the building(s) or on the property? Y / N

If applicable, attach Caretaker Agreement that specifies rent free accommodation in exchange for this service.

4. Mailing address of the Organization:

5. Civic address of property if different than mailing address:

6. Property legal Description: Roll #: _____

7. Name, phone number & email address of Contact Person:

8. Is the Organization a registered charity? Y / N

If YES, provide a copy of the last Registered Charity Information Return that has been submitted to the CRA along with the Notice of Confirmation.

Has the Board of Directors, property use or nature of the Organization changed since the last submission of Registered Charity Information Return?

Y / N

If YES, explain below:

9. If the Organization is not a Registered Charity, is it a Not-for-Profit?

Y / N

If YES, provide a copy of the Organization's last Not-for-Profit Return Submitted to the CRA along with Notice of Confirmation, and Attach a list of the current Board of Directors.

If NO, not eligible for Permissive Tax Exemption

10. List all licenses held by the Organization. (ie: licenses under the Community Care Facility Act, Hospital Act, Library Act, District of Peachland Business License, or other)

11. (a) Describe the goal(s)/purpose(s) of the Organization:

(b) How is the property used to accomplish the Organization's goal(s)/purpose(s)?

12. What is the size of membership or number of patients/residents utilizing the property:

13. How will the Community and/or participants benefit?

14. Nature of the Organization, please tick all boxes that apply to your Organization:

- Community Care Facility licensed under Community Care Facility Act
- Short Term Emergency or Protective Housing
- maximum length of stay permitted? _____
- Halfway Houses, Group Homes or Supportive Housing for People with Special Needs
- maximum length of stay permitted? _____
- Social Services, such as Food Banks, Drop-in Centres for People with Special Needs, Seniors, or Youth
- Support Services and Programs for People with Special Needs, who are in some way disadvantaged and need assistance in maximizing their quality of life; such as counselling for substance abuse, or employment re-entry programs
- Athletic Club or Association that has membership to the club or association available to residents of Peachland
- attach a fee schedule if applicable
- Recreational Facility that offers programs to the residents of Peachland
- attach a fee schedule if applicable
- Park or Recreational Ground available to the residents of Peachland
- attach a fee schedule if applicable
- Cultural Facility available to residents of Peachland
- attach a fee schedule if applicable
- Preservation of Wildlife, Environmental or Domestic Animal Shelter
- Other, please describe below:

15. Does your Organization have any 3rd Party Agreements including rental or use of the building(s), parking lot(s) or services rendered? i.e. daycare

Y / N

Facility Name	Sq Ft of Leased Premises	Leased Space Business Type	Rate Charged

16. Has the Organization received grants from the District of Peachland, Provincial or Federal governments, regional government, crown agencies, or other funding agencies in the last 5 years?

Y / N

If YES, complete the information below:

Year	Purpose of Grant	Amount

17. Is the Organization in compliance with all municipal policies, plans, bylaws and other applicable regulations (i.e. business licensing, zoning)? Y / N

If NO, provide details:

I understand that all required information must be attached to this application and that additional information may be required in order to be considered for a Permissive Tax Exemption.

I understand that if this application is approved in full or in part for the 2022 tax year, it is our organization's responsibility to contact the District of Peachland if any changes occur with respect to ownership or principal use of the property during that time. An annual renewal form will be required in each of the next four years and every fifth year a new comprehensive application will be required.

I certify that I am a current Board Member of this organization and that the information provided in this application is true and accurate to the best of my knowledge.

Name _____ Signature _____

Position _____ Date _____

Knowingly submitting an application or information that is not true or accurate will result in loss of eligibility.