



District of Peachland

5806 Beach Avenue
Peachland, BC
V0H 1X7
250-767-2647
www.peachland.ca

**PERMISSIVE TAX EXEMPTION 2025
COMPREHENSIVE APPLICATION FORM
Places of Worship, Private Schools and Hospitals
Deadline for submissions August 15, 2024**

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.

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? Yes No

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

Yes No

If YES, please attach a copy of the lease.

If NO, not eligible for Permissive Tax Exemption.

3. Does anyone live in the building(s) on the property? Yes No

4. Mailing address of the organization:

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



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6. Property legal description: Roll #: _____

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

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

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

9. What is the size of the congregation, enrollment or patients/residents utilizing the property:

10. How will the community and/or members benefit?

11. 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

Yes

No

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



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12. Has the Organization received a grants from the District of Peachland, federal or provincial governments, regional government, crown agencies or other funding agencies in the last five years? Yes No

If Yes, complete the information below.

Year	Purpose of Grant	Amount

13. Is the Organization in compliance with all municipal policies, plans, bylaws and other applicable regulations (i.e. business licensing, zoning)? Yes No

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 tax years 2022 to 2026, it is our organization's responsibility to contact the District of Peachland if any changes occur with respect to ownership or principal use of property during that time. A new 5 Year Application for the 2027 to 2031 tax years will be required before the 2026 application due date.

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.