



**COMPREHENSIVE APPLICATION FORM  
FOR  
PERMISSIVE TAX EXEMPTION  
Places of Worship, Private Schools and Hospitals  
5 Year Application**

**PLEASE FORWARD BY SEPTEMBER 7<sup>TH</sup>**

**City of West Kelowna  
2760 Cameron Rd  
West Kelowna, BC  
V1Z 2T6**

The following items must be submitted with the application:

- Copy of last Registered Charity Information Return submitted to the CRA and Notice of Confirmation
- Copy of the most current financial statements
- Financial budget (Pro-forma Balance Sheet and Income Statement) for current 12 months
- Scale drawing of property that 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 with all of the information submitted.

# Permissive Tax Exemption Application for Places of Worship, Private Schools and Hospitals

Application Date: \_\_\_\_\_  
For Taxation Years: \_\_\_\_\_  
Business Number: BN \_\_\_\_\_  
Society Registration Number \_\_\_\_\_  
If Hospital, license number under Hospital Act: \_\_\_\_\_

1. Full name or title of organization:

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2. Is the organization the registered owner of the property?

Yes

If No, Is the organization a lessee under a lease that requires direct payment of property taxes to the City of West Kelowna?

If Yes, attach copy of lease

If No, Not eligible for Permissive Tax Exemption

3. Does anyone live in the building(s)?

No

Yes,

attached is a caretaker agreement that specifies rent free accommodation in exchange for this service

4. Mailing address of the organization:

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

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6. Property Legal Description \_\_\_\_\_ Roll # \_\_\_\_\_

Plan: \_\_\_\_\_ Lot: \_\_\_\_\_

7. Name, phone number, e-mail of contact person:

*Name* \_\_\_\_\_ *Phone #* \_\_\_\_\_ *e-mail (preferred communication method)* \_\_\_\_\_

8. a) Describe the goal(s) or purpose(s) of the organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) How is the property used to accomplish the organization's goal(s) or purpose(s)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Size of congregation, enrolment, or patients utilizing the property.

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

11. Does the organization have any 3<sup>rd</sup> party agreements including rentals or use of the building(s), parking lot(s), or services rendered? i.e. daycare

No       If Yes, indicate the following:

Facility Name	area of leased premises (square feet)	Leased Space Business Type	Rate charged

12. Has the organization received grants from City of West Kelowna, senior government (provincial or federal), regional government, crown agencies, or other funding agencies in the last 5 years?

If "Yes", complete the below information:

<u>Year</u>	<u>Purpose of Grant</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Is the organization in compliance with all municipal policies, plans, bylaws and other applicable regulations (i.e. business licensing, zoning)?

Yes

If No, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that additional information may be requested, prior to consideration of this application for a Permissive Tax Exemption.

I understand that if this application is approved in full or part for the tax years 2019 to 2023, It is our organization's responsibility to contact City of West Kelowna if changes occur with respect to ownership or use of property.

I certify that I am a current board member of this organization and that the information provided in this application and supporting documentation 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.*