

## 202( Permissive Tax Exemption Questionnaire

**Organization name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

*Please complete a separate form for each property*

Are you a registered charitable organization or registered society?  YES  NO

*Please provide registration number:* \_\_\_\_\_

Have there been/will there be any changes in ownership in 202H or 202I ?  YES  NO

*If yes please provide details:* \_\_\_\_\_

Are you currently/will you be initiating a redevelopment of the property/changes to the property dimensions in 202H or 202I ?  YES  NO

*If yes please provide details:* \_\_\_\_\_

What is the purpose of the organization? What are the organization's goals and objectives? \_\_\_\_\_

What is the principal use of the property? \_\_\_\_\_

Category of exemption:

- Social Service
- Place of Worship (Please specify the percentage of property used exclusively for public worship: \_\_\_\_\_ )
- Arts & Cultural Facility
- Athletic/Recreational Facility

Please check all that apply:

- There are secondary uses such as daycare facilities or social/educational/recreational programs.
- A portion of the property is used for commercial activity.
- A portion of the property is leased to another organization/individual.
- A portion of the property is used **for profit** activities.
- A portion of the property is rented for residential purposes.

*If you have checked off any of the above, please attach details and copies of lease agreements.*

Do you require membership in order to access your facility and/or programs?  YES  NO

Is the organization/facility open to the public on a regular schedule?  YES  NO

Number of volunteers \_\_\_\_\_ Number of volunteer hours worked per year? \_\_\_\_\_

Number of paid workers \_\_\_\_\_ Number of paid hours worked per year? \_\_\_\_\_

What percentage of users of the organization's services are Port Moody residents? \_\_\_\_\_

Describe how the organization's mandate is consistent with municipal policies, plans, bylaws and regulations? \_\_\_\_\_

\_\_\_\_\_

How do your organization's activities complement the provision of municipal services and programs for the general public? \_\_\_\_\_

\_\_\_\_\_

Please list the grants or other external funding your organization received in the past year \_\_\_\_\_

\_\_\_\_\_

Please list any other activities which may be pertinent to your application \_\_\_\_\_

\_\_\_\_\_

**\*Please ensure copies of the organization's most recent financial statements are attached\***

If you have received this application via email, **thank you** for doing your part for the environment!

If you received this application via mail, and would like to go paperless in the future, please provide your email address: \_\_\_\_\_

**DECLARATION:**

**I am an authorized signing officer of the organization and I certify that the information given in this application is true and accurate. Should a permissive tax exemption be granted on the above listed property, I agree to the following terms:**

- 1. If, at any time prior to the exemption expiration, the property use changes, or the organization ceases to meet the City's Permissive Tax Exemption Guidelines, the organization will notify the City of Port Moody and the exemption (or portion thereof) may be discontinued.**
- 2. If the property is sold prior to the exemption expiration, the organization will notify the City of Port Moody Finance Department, and remit to the City an amount equal to the taxes that would have otherwise been payable to the City by a non-exempt owner.**
- 3. The property use will be consistent with municipal policies, plans, bylaws and regulations.**
- 4. The services provided on the property must be accessible to all members of the public, and Port Moody residents must be the primary beneficiaries of the organization's services.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone