

2027 Permissive Tax Exemption Questionnaire

Please complete a separate form for each property

Organization Name	
Address	
Folio/Roll number <small>(can be found on bcassessment.ca)</small>	
PID	

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

Please provide registration number: _____

LAND AND OWNERSHIP INFORMATION

Have there been or will there be any changes in ownership in 2026 or 2027? YES NO

If yes, please provide details: _____

Are you currently / will you be initiating a redevelopment of the property, change to zoning, change to the dimensions, or any other developmental, building, or business change in 2026 or 2027? YES NO

If yes please, provide details: _____

ORGANIZATION INFORMATION

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

What is the principal use of the property? _____

What is the category of exemption you are applying for?

- Social Service (Percentage of property used exclusively for social service: _____%)
- Place of Worship (Percentage of property used exclusively for public worship: _____%)
- Arts & Cultural Facility (Percentage of property used exclusively for arts/culture: _____%)
- Athletic/Recreational Facility (Percentage of property used exclusively for recreation: _____%)

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? _____

How is the organization's mandate consistent with municipal policies, plans, bylaws and regulations?

How do your organization's activities complement 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

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. Per Community Charter S.224(7) if a bylaw under this section ceases to apply to property, the use or ownership of which no longer conforms to the conditions necessary to qualify for exemption, the property is liable to be taxed.*
- 3. Should the British Columbia Assessment Authority deem a property ineligible for a permissive tax exemption and not provide an exemption on the property tax roll, the property is liable to taxation.*
- 4. 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.*
- 5. The property use will be consistent with municipal policies, plans, bylaws and regulations.*
- 6. 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 Date

Position Email Phone