

# Non-Profit Organization Application for Property Tax Exemption

# **City of Lloydminster**

## **Deadline for Submission:**

September 30<sup>th</sup>
(for exemption in the following taxation year)

# Mail or Drop Off To:

Assessment and Taxation Department
City of Lloydminster
4420 - 50 Avenue
Lloydminster, AB/SK
T9V 0W2

**OR** 

E-mail a Signed Copy To: taxes@lloydminster.ca



FOR OFFICE USE ONLY				
Property Roll Identifier: Taxation Year: Date:				
Legal Description: Lot Block Plan OR				
Part Section Township Range Me	eridian			
Municipal Property Address:				
Total Assessment: Building Assessment:				
PART 1 - PROPERTY INFORMATION				
Name of Property Owner:				
Business Phone #:   Fax #:				
Address of Property Owner (incl. Postal Code):				
Address of Property for which exemption is requested:  Portion/Area of the property held by the organization:  All Part Area occupied (sq ft):  Is there an agreement in place that confirms the portion of the property held by the organization?  Yes - Expiry Date is (mm/dd/yyy):  Date organization took occupancy (mm/dd/yyy):				
PART 2 – ORGANIZATION INFORMATION				
Name of organization operating the facility:				
Business Phone #: Fax #:				
Act under which organization is registered as a non-profit organization:				
Registration #:				
Organization's objectives/purposes: (Note-max space is 3 lines each for proper printing)				
1.				
2.				
3.				
4.				
5.				



	Are the resources of this organization devoted to the above objectives/ purposes?	□Yes	□ No *attach explanation
	Are there any monetary gains or benefits received by the organization as a result of its provision of services?	Yes *attach explanation	□ No
	Does your organization expect to move from this property during the following year(s)?	Yes *attach explanation	□ No
	Is any income or profits from the organization paid to a member or shareholder of the organization other than as wages?	☐ Yes *attach explanation	□ No
	Are the organization's services similar to any other organization and/or business?	Yes *attach a sheet providing the organization/ business name(s)	□ No
Coi Inf LAI	nis information is being collected for property tax exemption mmunity Organization Property Tax Exemption Regulation formation and Protection of Privacy Act. All personal inform FOIP Act. Questions about the collection of this information	(AR281/98) and s.25 of the Lation will be managed in comp can be directed to the Office	ocal Authority Freedom of pliance with the provisions of the
	RT 3 - RETAIL COMMERCIAL OR LICENSE		∕es □ No
	es the organization have a retail commercial a yes, do you operate this area? $\Box$ Yes $\Box$	rea at this location?	- NO
	nat goods or services are sold at the retail com	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	space is 7 lines for proper printing)
Fo	r what purpose is the net income from the reta	il commercial area used	? (Note-max space 7 lines)
На	s an area within the facility been issued a gam  Yes (enclose copy) No Class:		(Sq. Ft):



#### PART 4 - PROPERTY USE INFORMATION

All Ord	anizations (including those noted below):
	facilities and services provided and how they benefit the general public. (Note-max space is 3
lines for	proper printing)
1.	
_	
2.	
2	
3.	
4.	
٦.	
5.	
3.	
What ti	mes are they accessible to the general public? (Note-max space is 2 lines for proper printing)
What a	re the membership requirements including fees? (Note-max space is 3 lines for proper printing)
Dagarila	a the name are found high the facility is used (a).
Describ	e the purpose for which the facility is used. (Note-max space is 3 lines for proper printing)
Describ	e the typical beneficiary and where they reside. (Note-max space is 3 lines for proper printing)
	Carro di productione di la proper principal
	re any restrictions in place proventing anyone from using the facility? \( \text{Yes} \) \( \text{No} \)
Are the	re any restrictions in place preventing anyone from using the facility?
Ir there	are restrictions, explain. (Note-max space is 3 lines for proper printing)
Are the	services provided by the organization advertised and promoted to the general public, or
	ly to members?
-	
∟ Gene	eral Public



Facilities for the Care and Supervision of Children:				
Is the organization licensed under the Daycare Regulations by the Province?				
☐ Yes (enclose copy) ☐ No				
How many children are you licensed for? How many full time children are supervised?				
What type of facility do you operate? $\square$ Daycare $\square$ Nursery School $\square$ Drop-In Center				
Disk Applicable				
Sports or Recreation Facility:  Not Applicable				
List the sports and recreation activities occurring at the facility.				
1.				
2.				
3.				
4. How many hours per week is your portion of the facility operated for sports and recreation?				
Are the majority of those participating in sports or recreation under the age of 18?  \( \subseteq \text{ No} \)				
Percentage of time participants under the age of 18 use facility:				
Community Association:				
Describe the charitable and benevolent purpose that is for the benefit of the general public.				
1.				
2.				
3.				
4.				
How many hours per week is this facility operated for this purpose?				
PART 5 – CONTACT INFORMATION				
Contact Name: Position with Organization:				
Business Phone #: Fax #:				
Mailing Address for non-profit organization (incl. Postal Code):				
President of Organization:				
Business Phone #:   Other #:   Fax #:				
Treasurer of Organization:  Other #:  Fax #:				



PART 6 – REQUIRED INFORMATION – please ensure the following are submitted as attachments					
	1. Certificate of Incorporation, current confirmation that the organization is registered in				
	good standing and the Memorandum of Association and the Articles of Association, if any.				
	2. Copies of:				
	The organization's most current financial statements,				
	Certificate of Title (if applicable),				
	The current lease agreement with the property owner (if applicable),  A plan showing the area leased.				
	<ul> <li>A plan showing the area leased.</li> <li>3. If applicable, a letter from the property owner confirming that he/she is aware of this</li> </ul>				
	exemption application and understands that the municipality will estimate taxes on the area				
	occupied by the organization based on methodology that may be different from that used by				
	the landlord.				
	4. Any available brochures, newsletters or other pertinent information relative to the				
	organization.				
	5. Additional explanation/information (as applicable):				
	<ul> <li>Required further to Part 2</li> <li>Copy of gaming/liquor license.</li> </ul>				
	Copy of garning/fiquor ficerise.     Copy of daycare licensing				
	If there were space limitations for any other questions, please provide additional				
	information in a separate document and attach to this application.				
	6. Any other information that the Assessment Department may deem necessary.				
	LARATION				
	tify that I am authorized to submit this application on behalf of the organization, and				
	the information provided on this application form, and as attachments to this form, is				
	and accurate in every respect, and that all information required under Part 6 of this ication is included.				
	Name: Position:				
Sign	ature of Authorized Representative (on behalf of organization):				
	Date:				
	ase send or drop-off the completed application and all required attachments no later				
	than September 30 <sup>th</sup> of the year preceding the taxation year that an exemption is being				
арр	applied for to:  Assessment and Taxation Department				
	City of Lloydminster				
	4420 – 50 Avenue				
	Lloydminster, AB/SK				
	T9V 0W2				
<u>OR</u>	OR E-mail a signed application and all attachments to taxes@lloydminster.ca.				
We	We may contact you if we have further questions or require clarification.				
Late	applications will not be accepted.				