



**Application For
Permissive Tax Exemption**

1970.04/_____

Date: _____

1. Name of Organization: _____
2. Society Number: _____ Email Address: _____
3. Contact Person: _____ Position: _____
Mailing Address: _____
Postal Code _____ Telephone No: _____
4. Purpose of Organization: _____
5. Folio Number of Property: _____
Legal description of the property: _____

6. Executives of Your Organization:
President/Chairperson: _____
Vice President/Vice Chairperson: _____
Treasurer: _____
7. Current Membership: _____ # of Meetings
per year: _____
8. What types of services does your organization provide: _____

9. What portion of your activities are considered:
Non-Profit _____
Recreational/Athletic _____
Commercial _____

10. What are your current fees? (if applicable)

Members: _____ General Public: _____

When was your last fee increase?: _____

11. Has your organization received any of the following in the past?

	NO	YES				
Grant-in-aid			Amount	\$ _____	Year _____	Purpose _____
Permissive tax exemption			Amount	\$ _____	Year _____	Purpose _____
Waiver/reduction of fees and charges			Amount	\$ _____	Year _____	Purpose _____

12. Describe how a permissive tax exemption will benefit the community:

13. **Please include with your application, copies of the following:**

- (a) Year to date and the immediately preceding years’ financial statements;
- (b) Budget for the year in which the permissive tax exemption is being requested;
- (c) If available, the most recent annual report;
- (d) Copy of current and prior year Property Assessment notice;
- (e) Copy of current and prior year Property Tax notice, if available.

**IF YOU HAVE ANY QUESTIONS ABOUT THE INFORMATION REQUIRED, PLEASE
TELEPHONE 250-830-6700**

Signature of Applicant

Date

Applications must be submitted no later than July 15 to be considered for a tax exemption in the following year:

**Mail to: Strathcona Regional District, 301-990 Cedar Street, Campbell River, BC V9W 7Z8
Fax: 250-830-6710 or Email: finance@strathconard.ca**