

Application for Property Tax Exemption

For a non-profit facility held and used in connection with Ducks Unlimited, hostels, and veterans considered only under MGA Section 363(a), (b), and (c)

The City of Calgary Assessment & Tax (8002), P.O. Box 2100, Station M, Calgary, AB T2P 2M5 PH: 403.268.2888

In completing this application, it may be necessary to provide certain answers in an attachment, if sufficient room is not available. Please clearly mark your attachments with the section and question numbers you are answering. Thank you. Application deadline September 30th of the year preceding the taxation year.

I. PROPERTY INFORMATION (required by November 30th of the year preceding the taxation year)

| 1. | . Name of non-profit organization holding and using the facility for which the exemption is requested. Business Identifier (BI | | | |
|-----|--|-----------------------|--|--|
| | | | | |
| 2. | 2. Address of property for which exemption is requested | | | |
| 3. | Name of property owner | | | |
| 4. | Address of property owner | | | |
| 5. | Telephone number of property owner Email of property owner | | | |
| 6. | A) Does the non-profit organization occupy | y | | |
| | B) For exactly how many square feet on this property is "exempt from taxation" status being requeste | d? | | |
| | Sq. Ft. | | | |
| 7. | A) Does your organization use a parking area on this property? | Yes No | | |
| | B) Please state the number of individual parking stalls <i>or</i> total size of your organization's parking area (purpose (e.g. customer parking, staff parking, etc.): | square feet), and its | | |
| | Surface parking stalls Purpose: Underground parking stalls Purpo | se: | | |
| | Parking areaSq. Ft. Purpose: | | | |
| | C) Does your organization lease or sub-lease parking spaces on this property to another party? If Yes , please attach a current lease. | | | |
| | D) Does your organization own or lease a parking area on another property to use in relation to this property? If Yes , please attach a current lease or title. | | | |
| 8. | Is there a lease, license or permit in place that confirms the portion of the property occupied by the orga | anization? | | |
| 9. | 9. For what specific purpose is the above property used (e.g. administration, fund raising, recreation, meeting rooms, etc.)? Please ensure a graphical map of the area is also included as requested in Section VII of this application form. This map must clearly describe the area for which exemption is requested, as well as the uses that take place on separate parts of this area. | | | |
| 10. | What is the commencement date of operations? Date | | | |
| | Does the lease requested in question #8 confirm occupancy and termination dates? | | | |
| 11. | . Is any portion of the area described in question #8 occupied or used by another organization or individu ☐ Yes ☐ No If yes, please provide details (e.g. copy of sublease(s)) | ial? | | |

| 12. In what type of build | ings is the organizatio | n located? | Retail | Office | Residential |
|---------------------------|-------------------------|------------|--------------------|--------|-------------|
| Special Use | Warehouse | Other | (Please Specify) _ | | |

II. NON-PROFIT ORGANIZATION INFORMATION

| 1. | Name of non-profit organization |
|----|--|
| 2. | Organization's objectives/purposes |
| 3. | Act under which organization is established or incorporated as a non-profit organization. Please provide copy of registration. |
| 4. | Does organization have registered charitable status with Canada Revenue Agency (CRA)? |
| 5. | Does the organization receive funding from external sources? Yes No |
| | If yes, please provide details in an attachment. |
| 6. | Has a property occupied by this organization received an exemption in previous years? |
| | If yes, was it for this property? |
| | If no, please provide the address(es) of your other exempt location(s) - |
| | Is the organization still occupying space at this location(s)? |
| | If no, please provide the date the organization moved out |

III. PROPERTY USE INFORMATION

| 1. | In a typical month, how many hours is the property open and available for use? |
|----|--|
| 2. | In a typical month, for how many hours is the property actually used: |
| | A) For activities co-ordinated by your association for the purpose under which this application is made? B) For other purposes (e.g. used by other businesses, or individuals, hall rentals, activities co-ordinated by other organizations)? |
| 3. | Under any circumstances, are the users of the property required to pay a fee? |
| 4. | Are there any memberships related to the use of the property? Yes No If yes, please provide details. |
| 5. | Are there any reasons why someone would be denied access to the property? (e.g. age, culture, ethnic origin, ability to pay, etc.) Please be specific. |

| 6. | Do you have a policy to allow members of the general public who cannot meet the fee or other requirements, to continue to use the facility? |
|----|---|
| | Yes No |
| | If yes, please provide details or a copy of your policy. |
| | |
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| | |

IV. RETAIL COMMERCIAL, LICENSED AREAS

| 4 | A | | | | | _ |
|----------|-----------------------|--------------------|----------------------|-------------------------------|--------------------|----------------------------------|
| 1. | | • | services sold from | | ∐Yes ∐N | 0 |
| | If no, go to questio | n #6. If yes, ple | ase note that this a | rea is termed a "retail cor | nmercial area". | |
| | | <u> </u> | | | | |
| 2. | Specifically, what g | goods or service | s are sold from the | retail commercial area? | | |
| | | | | | | |
| | | | | | | |
| 3. | Who operates and | occupies the re | tail commercial area | a? | | |
| | | | | | | |
| | | | ociation making this | | | |
| | Other organization | ation or individua | al – please name | | | |
| | | | | | | |
| 4. | If the non-profit org | panization is the | operator of this are | a, for what purpose is the | e net income from | the retail commercial area used? |
| | | | | | | |
| | | | | | | |
| 5. | Are the goods or s | ervices provided | in the retail comme | ercial area in the facility s | imilar to goods or | services provided by other |
| _ | organizations or bu | | | 5 | 5 | 1 |
| | • | | e organizations or b | usinesses. | | |
| | 3 / 1 | | 0 | | | |
| | | | | | | |
| 6. | Is an area within th | e facility license | d under the Alberta | Gaming and Liquor Reg | ulation AR (143/96 | 3)? |
| ٥. | | • | copy of the license | • • | | |
| | | | ming | • | Liquor | , |
| | | Ga | ling | | Elquoi | |
| | | | | | | |
| | Class | Area | Sq.Ft. | Class | Area | Sq.Ft. |
| <u> </u> | | | | | | |

V. PROPERTY USE INFORMATION SPECIFIC TO A FACILITY OPERATED HELD AND USED BY THE FOLLOWING. Please complete applicable section.

A. DUCKS UNLIMITED

| 1. | Is there a lease, license or permit from the Crown associated with this property . If Yes, please provide a copy of the lease. | |
|----|--|--|
| | Yes No | |

2. Describe the activities that take place on this property.

B. HOSTELS

| 1. | Is your property held by and used in connection with: (please select applicable) |
|----|--|
| | L the Canadian Hostelling Association – Northern Alberta District |
| | ☐ the Southern Alberta Hostelling Association |
| | 🔲 Hostelling International – Canada, Northern Alberta |
| | 🔲 Hostelling International – Canada, Southern Alberta |
| | □ Other: |
| | |

C. VETERANS

| ••• | |
|-----|---|
| 1. | Please select the applicable branch or local unit. |
| | 🔲 Royal Canadian Legion |
| | the Army |
| | 🗌 Navy |
| | Armed Forces |
| | Other organization of former members of any allied forces. Please specify |
| 0 | Describe the estivities that take place at this facility. |
| 2. | Describe the activities that take place at this facility. |
| | |
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| | |

VI. CONTACT INFORMATION

| Contact Name | | | Position With Organization | | |
|---------------------------|-------|---|----------------------------|-------------|--|
| Telephone | Email | | | | |
| Preferred Mailing Address | City | 1 | Province | Postal Code | |
| Organization's President | | | Telephone | | |
| Organization's Treasurer | | | Telephone | | |

VII. OTHER REQUIRED INFORMATION

Certificate of Incorporation as a non-profit organization

- Copy of most current financial statements
- Confirmation of charitable status with Canada Revenue Agency, if so registered.
- Applicable current lease, license or permit
- Plan showing the uses of specific areas that clearly outline:
 - a. any separate areas and the different purposes for which they are used (e.g. the exempt purpose use, office storage, common area);
 - b. the "retail commercial area" if there is one; and
 - c. the Gaming and/or Liquor licensed area, if there is one

A hand drawn graphic plan is acceptable.

Letter from property owner to the non-profit organization that confirms the property owner:

- a. is aware of this exemption application;
- b. understands that, if the property qualifies for exempt from taxation status, The City will determine the amount of taxes attributable to the "exempt from taxation" portion of the property based on methodology that may be different from that used by the landlord; and
- c. agrees to pass on to the organization making this application the full benefit of any tax exemption extended as a result of this application

Current list of the top three employees' titles and annual remuneration (except for organizations with CRA registered charitable status)

Additional information requested as part of any question posed on this application must also be supplied.
 Any available brochures, newsletters relating to your organization

Important Notice

Information requested for the Property Tax Exemption Application is pursuant to Section 295 of the <u>Municipal Government Act</u> (MGA) whereby failing to provide adequate information you may lose your right to file a complaint against the taxable status of your business. If you do not submit a complete Property Tax Exemption Application with supporting documentation, your property or business may be deemed taxable.

VIII. ACKNOWLEDGEMENT AND CERTIFICATION

I certify that I am authorized to submit this application on behalf of the organization, and that the information provided on this application form, and as attachments to this form, is true and accurate in every respect and that all information required under Section VII of this application is included. I understand that the application will only be considered at such time as the responses to the application's questions are complete in every respect and that all additional information requested as part of the application's questions, or in Section VIII, have been provided. I understand also that the application will <u>only</u> be considered under the "exempt from taxation" classification to which it refers.

| Name (Please Print) | Date |
|---------------------|-----------|
| Position | Signature |

Please return this form to:

The City of Calgary Assessment & Tax (8002) Property Exemptions (Data) P.O. Box 2100, Station M Calgary, AB T2P 2M5 PH: (403) 268-2888 or email: <u>Assessment.Exemptions@calgary.ca</u>

Your personal information is being collected for the purpose of determining property tax exemption eligibility. This personal information is collected pursuant to Section 295 of the Municipal Government Act, Section 16 of the Community Organization Property Tax Exemption Regulation, and Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act of Alberta. For questions concerning this collection, please contact the Information Management Strategist in Assessment & Tax at 403-268-2888, The City of Calgary, Assessment & Tax (#8002), 2924 - 11 Street NE, PO Box 2100, Station M, Calgary, AB T2P 2M5