



# Village of Chase

## Permissive Property Tax Exemption Application Form (Section 220 and 224 of the Community Charter)

### APPLICANT INFORMATION:

Name of Organization/Group: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

Corporate Registry or Charity Number \_\_\_\_\_ Years in Operation \_\_\_\_\_

### ORGANIZATION INFORMATION:

- 1 Description of organizations objectives: \_\_\_\_\_
  
- 2 Description of the services provided by your organization \_\_\_\_\_
  
- 3 How does your organization involve the members of the public \_\_\_\_\_
  
- 4 How many members does your organization have? \_\_\_\_\_
- 5 How many are residents of Chase? \_\_\_\_\_
- 6 How many Volunteers does your organization have? \_\_\_\_\_
- 7 Attach a listing of your current Board of directors.. \_\_\_\_\_

**PROPERTY INFORMATION:**

1 Exemption claimed under the community Charter, Section 224, Sub (2) Clause \_\_\_\_\_

2 Civic address of the Property: \_\_\_\_\_

3 Property Tax Roll Number: \_\_\_\_\_

4 Registered Owner: \_\_\_\_\_

5 Do you Lease any portion of the property? \_\_\_\_\_. If yes, please provide details:

6 State the various uses of all parts of the land and each separate building. **Please attach an approximate diagram of the property layout with descriptions.**

7 Are there any retail type facilities (food, liquor, sales or rentals) located on the property?

8 For Recreation Facilities, are the facilities open to the public?

9 For churches, are all of the buildings on the land utilized for worship or for a church hall? Yes \_\_\_ No \_\_\_. If no, please describe the areas uses.  
(Please note, only the building used for Public worship and the land under the building are Statutory Exempt. All other areas may qualify for permissive exemption dependent on use)

**BUDGET INFORMATION:**

Please attach a copy of your organization’s annual budget and most recent financial statements available.

**STATEMENT OF IMPACT**

Please provide a statement indicating the impact upon your services if the Tax Exemption is not granted.

**DECLARATION**

I am an authorized signing officer of the organization and I hereby certify that the information given in this application is accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Submit completed application to:

Director Financial Services, Village of Chase, PO Box 440, Chase, BC, VOE 1M0