



REGIONAL MUNICIPALITY
OF WOOD BUFFALO

APPLICATION FOR PROPERTY TAX EXEMPTION

To be considered only under MGA Section 362(a)(n) and Alberta Regulation (281/98) Section 15

The Regional Municipality of Wood Buffalo
Assessment & Taxation Department

3rd Floor, 9909 Franklin Avenue, Fort McMurray, Alberta, T9H 2K4

In completing this application, it will be necessary to provide your answers in an attachment, as sufficient room is not available. Please clearly mark your attachments with the section and question numbers you are answering. Thank you.

I. Property Information:

1. Name of property owner:		
2. Mailing address of property owner:	Tel:	Fax:
3. Address of property for which exemption is requested:		
4. (a) Does the non-profit organization occupy: <input type="checkbox"/> Entire property <input type="checkbox"/> Portion of the property _____ Sq. Ft.		
(b) For exactly how many square feet on this property is "Exempt From Taxation" status being requested? _____ Sq. Ft.		
5. Is there a lease, license or permit in place that confirms the portion of the property occupied by the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy.		
6. 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 (6) 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.		
7. Will the non-profit organization be located at this address from January 1 to December 31 during the taxation year for which exemption from taxes is being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the lease requested in question 5 confirm occupancy and termination dates? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide occupancy and termination dates.		
8. Is any portion of the area described in question 6 occupied or used by another organization or individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.		
9. In what type of buildings is the organization located? <input type="checkbox"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Residential <input type="checkbox"/> Special Use <input type="checkbox"/> Warehouse <input type="checkbox"/> Other (Please Specify)		

II. Non-Profit Organization Information

1. Name of non-profit organization holding and using the facility for which exemption from taxes is requested.
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 Revenue Canada? If yes, provide registration number.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Please provide a current list of employees, senior management and directors of the company and their current annual remuneration as requested in section VII (8).		
6.	Does the organization receive funding from external sources? If yes, please provide details in an attachment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Has a property occupied by this organization received an exemption in previous years? If yes, was it for this property? If yes, and the property was not owned by the organization, did the organization receive the full financial benefit of the exemption from the owner of the property?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No

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 coordinated by your organization for the purpose under which this application is made?		
	(b) For other purposes, e.g., used by other organizations or individuals, hall rentals, activities coordinated by organizations other than yours.		
	(c) Total actual use hours.		
3.	Under any circumstances, are the users of the property required to pay a fee? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Are there any memberships related to the use of the property? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Are there any reasons why someone would be denied access to the property? (For example, age, culture, ethnic origin, ability to pay, etc.). Please be specific.		
6.	Please provide photocopies of the actual schedule used to coordinate the uses of the property. (Three months records minimum. If seasonal, ensure to provide schedule used during peak usage.)		
7.	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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details or a copy of your policy.		

IV. Retail Commercial, Licensed Areas

1.	Are any goods, food beverages or services sold from this location? If no , go to question 6. If yes , please note that this area is termed a "retail commercial area."	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Specifically, what goods or services are sold from the retail commercial area?		

3. Who operates and occupies the retail commercial area? <input type="checkbox"/> The non-profit organization making this application. <input type="checkbox"/> Other organization or individual – please name.				
4. If the organization is the operator of this area, for what purpose is the net income from the retail commercial area used?				
5. Are the goods or services provided in the retail commercial area in the facility similar to goods or services provided by other organizations or businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a list of these organizations or businesses.				
6. Is an area within the facility licensed under the Gaming and Liquor Regulation (AR143/96)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify and supply a copy of the license.				
	Gaming		Liquor	
	Class _____ Area _____ Sq. Ft.	Class _____ Area _____ Sq. Ft.		

For sections V (A) to V (K), please complete only those sections pertinent to the use of the property for which an exemption is being sought.

V. (A) Property Use Information Specific To A Facility Used For Sports Or Recreation

1. Describe the sports or recreation activities that take place at this facility. _____			
2. In a typical month, how many hours is the facility used for the activities described in question 1?			
3. Is the facility used in the operation of a professional sports franchise? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Are the majority of those participating in the sports and recreation activities under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. What percentage of time do those participating, under the age of 18, have use of the facility?			
6. Are the services provided by the organization advertised and promoted to the general public, or primarily to members?			

V. (B) Property Use Information Specific To A Facility Used For Fairs Or Exhibitions

1. Describe the activities associated with a “fair or exhibition” that take place at this facility.			
2. In a typical month, how many hours is the facility used for the activities described in question 1?			

V. (C) Property Use Information Specific To A Facility Used For Arts Or A Museum

1. Describe the activities that take place at the facility within the arts or museum category.			
2. In a typical month, how many hours is the facility used for the activities described in question 1?			
3. Is the property ever used for the sale of art or museum items? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Are the services provided by the organization advertised and promoted to the general public, or primarily to members?			

V. (D) Property Use Information Specific To A Facility Used For The Care And Supervision Of Children

1.	Is your organization licensed under the Daycare Regulation (AR333/90)? If yes, please provide a copy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Describe the activities that take place at the facility related to the care and supervision of children.		
3.	In a typical month, how many hours is the facility used for the activities described in question 2?		
4.	What are the requirements that must be met for a single child to be cared for and supervised at the facility (e.g., fees, monthly users only, applications)?		
5.	How do the fees charged by your organization compare to that of a for profit daycare?		
6.	How many full time children are supervised?		

V. (E) Property Use Information Specific To A Facility Used By A Linguistic Organization

1.	Does your organization encourage the general public to use the facility? If yes, please give examples of how the general public is encouraged to use the facility.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Is there a sign at the property indicating the hours the facility is open to the general public? If yes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(a) Please indicate where on the property the sign is located, and		
	(b) Please indicate who would see the sign (e.g., passing cars, pedestrians, building occupants, etc.).		
3.	Describe the linguistic related activities that take place at this facility.		
4.	In a typical month, how many hours is the facility used for the activities described in question 3?		

V. (F) Property Use Information Specific To A Facility Used By An Ethno-Cultural Association

1.	Does your organization encourage the general public to use the facility? If yes, please give examples of how the general public is encouraged to use the facility.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Is there a sign at the property indicating the hours the facility is open to the general public? If yes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(a) Please indicate where on the property the sign is located, and		
	(b) Please indicate who would see the sign (e.g., passing cars, pedestrians, building occupants, etc.).		
3.	Describe the ethno-cultural related activities that take place at this facility.		
4.	In a typical month, how many hours is the facility used for the activities described in question 3?		

V. (G) Property Use Information Specific To A Facility Used For A Charitable Or Benevolent Purpose That Is Not For The Benefit Of The General Public In The Community In Which The Facility Is Located

1.	Please explain where the organization's beneficiaries reside.
2.	Describe the charitable or benevolent related activities that take place in this facility.
3.	In a typical month, how many hours is the facility used for the activities described in question 2?

V. (H) Property Use Information Specific To A Facility Used As A Thrift Shop

1.	Describe the thrift shop related activities that take place at this facility.
2.	In a typical month, how many hours is the facility used for the activities described in question 1?
3.	What types of items do you sell? Check each box that applies. <input type="checkbox"/> New Items ... Are these items ... <input type="checkbox"/> Donated to you? <input type="checkbox"/> Purchased by you? <input type="checkbox"/> Used Items ... Are these items ... <input type="checkbox"/> Donated to you? <input type="checkbox"/> Purchased by you?
4.	Are people in need able to receive goods free of charge? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:
	(a) What policies or criteria do you use to determine who qualifies for this service?
	(b) What percentage of your shop's clientele benefit from this service?
5.	Do you accept coupons or vouchers from agencies or shelters, etc.?
6.	Are your store workers paid or volunteers?

V. (I) Property Use Information Specific To A Facility Used As A Sheltered Workshop

1.	Describe the sheltered workshop related activities that take place at this facility.
2.	In a typical month, how many hours is the facility used for the activities described in question 1?
3.	(a) How many staff do you employ? (b) How many of the staff have physical, mental, or developmental disabilities?
4.	(a) Are all areas of your sheltered workshop facility accessible to any disabled individual (e.g., wheelchair accessible)? (b) What special design features of your facility are intended to accommodate disabled individuals?
5.	Are the goods and services offered by your organization at this property similar to those goods and services offered by other non-profit organizations or commercial businesses in the same market area? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a listing of these organizations.

V. (J) Property Use Information Specific To A Facility Used As A Chamber Of Commerce

1.	Describe the Chamber of Commerce related activities that take place at this facility.
2.	In a typical month, how many hours is the facility used for the activities described in question 1?
3.	Is your Chamber of Commerce a member of the Alberta Chamber of Commerce? <input type="checkbox"/> Yes <input type="checkbox"/> No

V. (K) Property Use Information Specific To A Facility Used For A Charitable Or Benevolent Purpose That Is For The Benefit Of The General Public In The Community In Which The Facility Is Located

1.	Please explain where the organization’s beneficiaries reside.
2.	Describe the charitable or benevolent related activities that take place at this facility.
3.	In a typical month, how many hours is the facility used for the activities described in question 2?

VI. Contact Information

Contact name:	Position with organization:	Tel:	Fax:
Mailing address:			Postal code:
Organization’s President:		Tel:	Fax:
Organization’s Treasurer:		Tel:	Fax:

VII. Other Required Information

1.	Certificate of incorporation as a non-profit organization.
2.	Copy of most current financial statements.
3.	Confirmation of charitable status with Revenue Canada, if so registered.
4.	Copy of title (must be dated a maximum of 45 days prior to application date).
5.	Applicable lease, license, or permit.
6.	Plan showing the uses of specific areas that clearly outline (a hand drawn graphic plan is acceptable):
(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.

7.	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 Regional Municipality 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.
8.	Current list of employees, senior management and directors of the company and their current annual remuneration.
9.	Additional information requested as part of any question posed on this application must also be supplied.
10.	Any available brochures, newsletters relating to your organization.

<p>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. Also, I certify that all information required under section VII of this application is either included or clearly identified as not included with an estimated date of delivery. 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 VII, have been provided. I understand also that the application will only be considered under the “exempt from taxation” classification to which it refers.</p>	
Name (please print):	Date:
Position:	Signature:

Please return this form to:	The Regional Municipality of Wood Buffalo Assessment & Taxation Department 3 rd Floor, 9909 Franklin Avenue Fort McMurray, AB T9H 2K4 Email: Assessment.Taxation@rmwb.ca Phone: (780) 743-7900 Fax: (780) 743-7050
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Confidential

The information requested on this form is collected under authority of Section 295 of the Municipal Government Act and is used solely for Property Assessment/Taxation purposes.