



REGIONAL MUNICIPALITY
OF WOOD BUFFALO

APPLICATION FOR PROPERTY TAX EXEMPTION

INITIAL – Care and Supervision of Children

*** Deadline end of September to qualify for following Tax Year**

For Office Use Only

Acct #: _____ Tax Roll #: _____ Date Received: _____
 Legal Description: _____ Civic Address: _____
 Total Assessment Prev: _____ Exemption Approved Yes No Assessor Initials: _____

SECTION 1 – PROPERTY INFORMATION

Owner Name: _____ Phone #: _____
 Property Owner Mailing Address: _____
 Address of property exemption request is for: _____
 Portion/Area of property exemption requested for: ALL PART Area Occupied (SF): _____
 Is there an agreement in place YES If Yes, provide expiry date Date organization took occupancy
 that confirms the portion of the (mm/dd/yyyy) (mm/dd/yyyy)
 property held by the organization? NO

SECTION 2 – ORGANIZATION INFORMATION

Name of organization operating facility: _____ Phone #: _____

Act under which organization is registered as a non-profit organization _____ Registration Number _____

Organization objectives/purposes:

- 1.
- 2.
- 3.
- 4.

a) Are the resources of this organization devoted to the above objectives/purposes?	Yes	No If No, attach explanation
b) Are there any monetary gains or benefits received by the organization because of its provision of services?	Yes If Yes, attach explanation	No
c) Does your organization expect to move from this property during the following year(s)?	Yes If Yes, attach explanation	No
d) Is any income or profits from the organization paid to a member or shareholder of the organization other than as wages?	Yes If Yes, attach explanation	No
e) Are the organization's services like any other organization and/or business?	Yes If Yes, attach a sheet providing the organization/business name(s)	No

SECTION 3 – RETAIL COMMERCIAL OR LICENSED AREA

Does the organization have a retail commercial area at this location? Yes No

If yes, do you operate this area? Yes No

What goods or services are sold at the retail commercial area?

For what purpose is the net income from the retail commercial area used?

Has an area within the facility been issued a gaming/liquor license? No

Yes (enclose copy) Class: _____ Area (Sq.Ft): _____

SECTION 4 – PROPERTY USE INFORMATION specific to care/supervision of children

Is the organization licensed under the Daycare Regulation by the Province? (AR/2008) No Yes (enclose copy)

How many children are you licensed for? _____ How many fulltime children are supervised? _____

What type of facility do you operate?		
Daycare	Are there any restrictions in place preventing anyone from using the facility? If yes explain:	No
Nursery School		Yes
Drop-In Center		

SECTION 5 – CONTACT INFORMATION

Contact Name: _____ Position: _____ Phone #: _____

Mailing Address: _____

President of Organization: _____ Phone: _____

Treasurer of Organization: _____ Phone: _____

SECTION 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 organizations 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.
3. If applicable, a letter from the property owner confirming that he/she is aware of this 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. Any other information that the Assessment Department may deem necessary.

SECTION 7 – 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 Part 3 of this application is included.

Name (please print)

Signature

Position

Date

Please return completed form and required documents to:

The Regional Municipality of Wood Buffalo,
Assessment Office, 3rd Floor Jubilee Centre,
9909 Franklin Avenue, Fort McMurray, AB T9H 2K4.

Email : assessment.taxation@rmwb.ca
Fax : (780)743-7050