



City of Medicine Hat
**APPLICATION FOR PROPERTY TAX EXEMPTION
 FOR PROPERTY USED FOR THE
 CARE AND SUPERVISION OF CHILDREN**

Under Alberta Regulation 281/98 (Consolidated up to 182/2008)

I. PROPERTY INFORMATION

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

1. Name of Property Owner		
2. Mailing Address of Property Owner	Telephone	Fax
3. Address of Property for Which Exemption is Requested		
4. What Portion/Area of the Above Property Does the Non-Profit Organization Hold? All <input type="checkbox"/> Part <input type="checkbox"/> Area Occupied		
5. Is There a Lease, License or Permit in Place That Confirms the Portion of the Property Held by the Organization? If Yes, Provide Expiry Date. Yes <input type="checkbox"/> No <input type="checkbox"/>		
6. Date on Which Non-Profit Organization Took Up Occupancy?		
7. Will the Non-Profit Organization be Located at This Address for the Full Year for Which the Exemption From Taxes Will be Applied? Yes <input type="checkbox"/> No <input type="checkbox"/>		

II. NON-PROFIT ORGANIZATION INFORMATION

1. Name of Non-Profit Organization Holding and Using the Facility for Which an Exemption is Sought.	
2. Organization's Objectives/Purposes	
A)	D)
B)	E)
C)	F)
3. Act Under Which Organization is Established or Incorporated.	Registration Number
4. Does Organization Have Registered Charitable Status With Revenue Canada? If Yes, Provide Registration Number. Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Are All Resources of This Organization Devoted to the Above Objectives/Purposes? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Please Explain in an Attachment.	6. Is There Any Monetary Gain or Benefit to the Directors or Employees Other Than as Wages? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please Explain in an Attachment.
7. Does the Organization Receive Funding From External Sources? If Yes, Please Explain in an Attachment.	Yes <input type="checkbox"/> No <input type="checkbox"/>

III. RETAIL COMMERCIAL AND LICENSED AREAS

1. Does the Organization Offer or Sell Food, Beverages, Merchandise or Services From This Location? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. For What Purpose is the Net Income From the Retail Commercial Area Used if the Organization is the Operator of This Area?	
3. Specifically What Goods or Services are Sold From the Retail Commercial Area?	
4. Has an Area Within the Facility Been Issued a License Under the Gaming and Liquor Regulation A/R 147/96? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please Specify: Class _____ Area _____ Sq. Ft. _____	
5. Are the Goods or Services Provided in the Commercial/Retail Portion of Your Facility the Same as Those Provided by Other Organizations or Businesses? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Provide Detail:	

IV. PROPERTY USE INFORMATION SPECIFIC TO A DAYCARE FACILITY

<p>1. List the Primary Uses of the Property for Which the Exemption is Sought. Identify All Users Where Different Than the Organization. Identify the Amount of Time, in Percentages, the Property is in Use for Each Identified Use.</p> <p>A)</p> <p>B)</p> <p>C)</p>																							
<p>2. List the Activities and/or Services Offered by the Organization From the Location. Identify the Amount of Time, in Percentages, That the Property is Used for Each Identified Activity of Service.</p> <p>A)</p> <p>B)</p> <p>C)</p>																							
<p>3. Are the Activities and/or Services Provided by the Organization Listed in #2 Above Operated on a Non-Profit Basis? If No, Which Ones?</p>																							
<p>4. Are There Any Other Organizations in the City That Provide the Same or Similar Activities or Services as Identified in #2 Above. If Yes, Please Explain.</p>																							
<p>5. Are There Any Restrictions in Place Preventing Anyone From Using the Property? If Yes, Are There Any Restrictions Based Upon:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">%</th> </tr> </thead> <tbody> <tr> <td>A) Race, Culture, Ethnic Origin or Religious Belief</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>B) Ownership of Property</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>C) Payment of a Fee</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>D) Membership</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>					Yes	No	%	A) Race, Culture, Ethnic Origin or Religious Belief	_____	_____	_____	B) Ownership of Property	_____	_____	_____	C) Payment of a Fee	_____	_____	_____	D) Membership	_____	_____	_____
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<p>6. Do the Majority of the Organizations Beneficiaries Reside Outside the City? Please Provide Details.</p>																							

V. CONTACT INFORMATION

Contact Name	Position With Organization	Telephone	Fax
Preferred Mailing Address of Organization			Postal Code
Organization's President		Telephone	Fax
Organization's Treasurer		Telephone	Fax

VI. 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.
4. Copy of Title.
5. Applicable Lease, License or Permit.
6. Plan Showing the Use of Specific Areas.
7. Letter From Property Owner to the Non-Profit Organization That Confirms the Property Owner:
 - A) Is Aware of This Exemption Application; and
 - B) Agrees to Pass on to the Organization Making This Application the Full Benefit of Any Tax Exemption or Cancellation Granted; and
 - C) Understands the City Will Estimate Taxes on the Area Occupied by the Organization Based on Methodology That May Be Different From That Used by the Landlord.
8. Any Available Brochures, Newsletters Relating to Your Organization.

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 VI of This Application is Included.	
Name (Please Print)	Date
Position	Signature

PLEASE RETURN THIS FORM TO:

**THE CITY OF MEDICINE HAT
 ASSESSMENT DEPARTMENT
 580 1 STREET SE
 MEDICINE HAT AB T1A 8E6
 OR FAX TO (403) 502-8552**