

Office use only		Date Received:
Property Roll Identifier:		Taxation Year:
Legal Description:		
Municipal Property Address:		
Total Assessment:	Land Assessment:	Building Assessment:
Statutory Exemption under the Municipal Government Act:		YES <input type="checkbox"/> or NO <input type="checkbox"/>
Discretionary Exemption under the Municipal Government Act (s. 364):		YES <input type="checkbox"/> or NO <input type="checkbox"/>
Discretionary Exemption under s. 15 of the new Regulation:		YES <input type="checkbox"/> or NO <input type="checkbox"/>

I. PROPERTY INFORMATION

Name of Property Owner		
Address of Property Owner	Telephone	Fax
Address of property for which exemption is requested		
What portion/area of the above property does the organization hold? All <input type="checkbox"/> Part <input type="checkbox"/> Area Occupied		
Is there an agreement in place that confirms the portion of the property held by the organization? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, provide expiry date	Date on which organization took up occupancy?

II. ORGANIZATION INFORMATION

Name of organization operating the facility		Telephone	Fax
Organization's objectives/purposes			
1. _____			
2. _____			
3. _____			
4. _____			
Act under which organization is registered as a non-profit organization		Registration number	
Are the resources of this organization devoted to the above objectives/purposes? YES <input type="checkbox"/> NO <input type="checkbox"/>		Is there any monetary gain or benefit received by the organization as a result of its provision of services? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If no, please explain in an attachment		If yes, please explain in an attachment	
Does your organization expect to move from this property during the year? If yes, please explain. YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are the organization's services similar to any other organization's or business's services? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, provide name(s) _____ _____	
Is any income or profits from the organization paid to a member or shareholder of the organization other than as wages? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, please explain in an attachment.			

III. RETAIL COMMERCIAL OR LICENSED AREA

Does the organization have a retail commercial area at this location? If yes, do you operate this area?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
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?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Class		Area	Sq. Ft.
If yes, enclose a copy			

IV. PROPERTY USE INFORMATION

What facilities are on the property?	
1. _____	
2. _____	
3. _____	
4. _____	
What times are they accessible to the general public?	
What are the membership requirements including fees?	
Are there any other restrictions in place preventing anyone from using the facility? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, what are they?	
Are the services provided by the organization advertised and promoted to the general public, or primarily to members?	
General Public	Members

V. CONTACT INFORMATION

Contact Name	Position with Organization	Telephone	Fax
Preferred mailing address for Non-Profit Organization			Postal Code
Organization's President		Telephone	Fax
Organization's Treasurer		Telephone	Fax

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 (Mandatory)
Position	Signature

Please provide all information required in order for the Assessment Department to determine the exempt status of the property occupied by your organization.

VI. OTHER REQUIRED INFORMATION

Please ensure the following are submitted as attachments to the application:

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. Copy of the organization's most current financial statements.
3. Copy of the title (if applicable).
4. Copies of:
 - the current lease agreement with the property owner (if applicable); and,
 - a plan showing the area leased.
5. A letter from the property owner confirming (if applicable):
 - The property owner
 - is aware of this exemption application; and,
 - understands 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.
6. Any available brochures, newsletters, or other pertinent information relative to your organization.
7. Any other information the Assessment Department may, from time to time, deem necessary.

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