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**CITY OF ROSSLAND**  
**PERMISSIVE TAX EXEMPTION APPLICATION**  
*Pursuant to Section 224 of the Community Charter*

I \_\_\_\_\_ of \_\_\_\_\_,  
*Name Street Address*  
\_\_\_\_\_  
*City/Town Telephone No. ( ) (Home) or ( ) (Work)*

1. I am the \_\_\_\_\_ of the  
*Position Currently Held Within Organization*

\_\_\_\_\_  
*Name of Organization*

I have knowledge of the facts with respect to the following property for which a permissive tax exemption is being applied for.

\_\_\_\_\_  
*Property Address Roll/Folio No.*

\_\_\_\_\_  
*Legal Description of Property*

2. Full name of organization: \_\_\_\_\_

\_\_\_\_\_

3. Mailing address of organization: \_\_\_\_\_

\_\_\_\_\_

4. Name and phone number of two officials in organization:

Name \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

5. Society Registration Number: \_\_\_\_\_

Business Number (if applicable): \_\_\_\_\_

6. The lands are registered in the name of: \_\_\_\_\_

\_\_\_\_\_

7. The exemption claimed under Section 224 is pursuant to Subsection 2, Clause (\_\_\_\_\_)

What is the principal use of the property?

\_\_\_\_\_

8. Is any part of the building or property used or rented by commercial or private operators or by any group other than your organization? If so, describe the user groups, fees charged and terms of use.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Does anyone live in the building(s)? If yes, how many people? What is the square footage of the living area?

\_\_\_\_\_

10. Is your organization in compliance with all municipal policies, plans, bylaws, and regulations of the City of Rossland (ie. Business licencing, zoning bylaw, etc.)? If not, please give an explanation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Has there been any change in the status or use of the building(s) or property in the last 12 months? If yes, please explain briefly.

\_\_\_\_\_

\_\_\_\_\_

12. Describe the programs/services/benefits delivered from the subject property including participant numbers, volunteer hours, fees charged for participation, and benefits to the community.

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13. How is your organization accessible to the public?

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14. Who are the primary beneficiaries of your services (ie. Residents of Rossland, Residents of surrounding area, visitors)? What is the percentage of each?

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15. Explain how the purposes of your organization are directly related to the objectives and purposes of Council and the City.

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16. Other activities which may be pertinent to your application:

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The information contained in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**APPLICATIONS MUST BE ACCOMPANIED BY THE FOLLOWING DOCUMENTATION:**

- Copy of financial statements for last 3 years
- Copy of Registered Charity or Non-Profit Information return for previous year
- Copy of title certificate or lease agreement, if applicable
- Scale drawing of property (buildings, parking lots, landscaping, playgrounds, fields, etc.)
- Any additional information that would assist in the evaluation of your request for tax exemption.

**DEADLINE: JULY 31<sup>st</sup>**