

Permissive Tax Exemption Application for Non-Profit Organizations Renewal

APPLICATION DEADLINE

Applications are due $\underline{\textbf{PRIOR to JULY 15}}$ of the current year for the subsequent property taxation year

Forward your application to:

Please print clearly.

Revenue Branch, City Hall, 1435 Water Street, Kelowna, BC V1Y 1J4

Email: revenue@kelowna.ca Fax: 250 862-3391

* Applicants may be requested to submit additional information such as most current Financial Statements, Financial Budget, Non-Profit Organization Return or Registered Charity Return at a later date.

APPLICANT INFORMATION

Application Date:			
Full Name of Organization:			
Property Roll Number/Plan/Lot:			
Civic Address of Property:			
, ,			
Mailing Address (if different from civic address):			
Contact Name:			
Contact Phone:			
Contact Email (Organization & Individual):			
Business Number/Society Registration Number/Hosp	 ital License:		

CITY OF KELOWNA PERMISSIVE TAX EXEMPTION FOR NON-PROFIT ORGANIZATIONS - RENEWAL

 Has the Board of Directors changed since last year's application? 						
		No				
		Yes – please attach a list of the current Board of Directors.				
2.	Have any	of the following changed since the last year's comprehensive applications	ation or renewal application?			
	□ Registered owner of the property					
		Principal property use				
		□ Organization's purpose or goals				
		□ Programs offered				
	☐ 3 rd party agreements					
	☐ Grant funding					
	□ Registered Charity or Non-Profit Status					
		□ Persons residing on property				
Lunders	tand addit	cional information may be requested prior to consideration for a Perm	nissive Tax Exemption.			
a comp	rehensive a	if this application is approved in full or in part for the year of application or renewal form, as determined by the City of Kelowna, surture Permissive Tax Exemption.				
	tand that i	it is our organization's responsibility to contact the City of Kelowna if operty.	any changes occur with respect to ownership or			
	that I am a t of my kno	a current board member of this organization and that the information owledge.	provided in this application is true and accurate to			
Name:			Position:			
Signature:			Date:			
Knowin	gly submitt	ting an application or information that is not true or accurate will result	in loss of eligibility.			