

1. APPLICANT INFORMATION

Name of Organization:				
Are you registered under the Society's Act		? Are you a registered charity?		
Mailing Address:				
Contact Person:				
Telephone:	E	E-Mail Address:		
Permissive property tax e	exemption for:			
☐ Area of land surrounding a church or church hall				
☐ Charitable, philanthropic, or non-profit community organization				
☐ Municipality, regional district, or other local authority				
2. PROPERTY INFORMATION				
Folio Number:				
PID Number:				
FID Number.				
Civic Address:				
Legal Description:				
Registered Owner:				

PERMISSIVE PROPERTY TAX EXEMPTION APPLICATION – 2024 DEADLINE TO APPLY: JULY 28, 2023 AT 4 P.M.

3. ABOUT YOUR ORGANIZATION
 a) Please provide a brief description of the goals and objectives of your Organization including: Participant numbers Volunteer hours Benefitting groups/individuals/special needs populations Fees charges for participation (if any)
Note: If you need further space, please add no more than one page.
b) Provide the Organization's mission statement:
c) Provide a clear description of the Organization's mandate:
d) Provide a description of any third-party use of the subject land/improvements including user group names, fees charged, and conditions of use:
e) Provide information on how the tax exemption amount is put back into the community through charitable means or reduced fees paid by the general population of the City of Campbell River:



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f) Does the organization's activity compete with any other de	uly licensed business in the City of Campbell River?
If yes, provide details of the activity:	
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4. ATTACH The following attachments must be included for the application of the applicati	
 Last 3 years of financial statements for first time and applications. Prior year financial statements for current tax exends. Copy of state title certificate or lease agreement. If the property is leased – a separate letter of written confirmation that the applicant will received. 	nption applicants understanding signed by the landlord and tenant providing
5. AUTHOF	RIZATION
I hereby certify that I have read the attached City of Campapplication complies with Policy requirements; and that the correct:	•
Name (please print):	Title/Position:
Signature:	Date:
For information or clarification on the application process, ple at 250-286-5754 or alan.ha@campbellriver.ca .	ease contact Alan Ha, Controller and staff liaison,
The contents of this application are considered public information	mation and may be released to a third party upon request.