



**TOWN OF WHITECOURT  
APPLICATION FOR A  
PROPERTY TAX EXEMPTION**

Please complete the form in full. Application Deadline: September 30.  
Completed forms can be submitted to:

Town of Whitecourt  
Corporate Services Department  
P.O. Box 509, 5004 52 Avenue  
Whitecourt Alberta T7S 1N6  
Phone: 780-778-2273 Fax: 780-778-4166

**PROPERTY INFORMATION:**

Name of Property Owner:		
Address of Property Owner:		
Telephone Number:	Fax Number:	
Address of property for which exemption is requested:		
What portion of the above property does the organization hold?		
<input type="checkbox"/> 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?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide expiry date: _____
Date on which organization took up occupancy:		

**ORGANIZATION INFORMATION:**

Name of organization operating the facility:	
Telephone Number:	Fax Number:
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?	Is there a monetary gain or benefit received by the organization as a result of its provision of services?
<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", please explain in an attachment.	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please explain in an attachment
Does your organization expect to move from this property during the year being applied for tax exemption?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If "yes, please explain:	

Are the organization's services similar to any other organization's or business's services?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", provide name(s):	
Is any income or profit from the organization paid to a member or shareholder of the organization other than as wages?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please explain in an attachment.	

**RETAIL COMMERCIAL OR LICENSED AREA:**

Does the organization have a retail commercial area at this location?		If "Yes", do you operate this area?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What good 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?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "Yes", enclose a copy.			
Class:	Area:	Square Footage:	

**PROPERTY USE INFORMATION:**

What facilities are on the property? Is the property used primarily for the use or purpose described as the organization objectives and purposes?

1.

2.

3.

4.

What times is the property accessible to the general public? Is a sign posted indicating hours?

What are the membership requirements, including fees?

Are there are any other restriction in place preventing anyone from using the facility?

Yes

No

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

**CONTACT INFORMATION:**

Contact Name:		
Position with the Organization:		
Telephone Number	Fax Number:	
Preferred Mailing address for Non-Profit Organization:		
Organization's President:	Telephone Number:	Fax Number:
Organization's Treasurer:	Telephone Number:	Fax Number:

Office Use Only:		
Date:	Taxation Year:	
Property Roll Identifier:		
Municipal Property Address:		
Total Assessment:		
\$ _____		
Statutory Exemption under the Municipal Government Act:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Discretionary Exemption under the Municipal Government Act (s. 364)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Discretionary Exemption under s. 15 of Regulation 281/98:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**OTHER REQUIRED INFORMATION:**

Please ensure to submit the following as attachments to the application:

- Certificate of Incorporation
- Current confirmation that the organization is registered in good standing
- Memorandum of Association and Articles of Association
- Copy of the organization's most current financial statement
- Copy of title (if property owned by applicant)
- If property is leased or rented by application:
  - i. The current lease agreement with the property owner, and
  - ii. Copy of the plan showing the area leased or rented
  - iii. A letter from the property owner confirming that: the property owner:
    - Is aware of this exemption application,
    - Understands that 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
    - Agrees to pass on the full benefit of any tax exemption to the non-profit organization
- Copy of current License/Registration Certificate from Alberta Government Services to operate as a charitable organization
- Copy of current registration as a charitable organization from Canada Customs & Revenue Agency
- Any available brochures, newsletters, or other pertinent information relative to your organization
- Any other information the Town Assessor may, from time to time, deem necessary

Please provide all information required in order for the Town Assessor to determine the exempt status of the property occupied by your organization. Ensure you retain a copy of the application package for future reference. You will receive a letter by January 15 of the following year indicating the status of your application.

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 are 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	

The personal information contained on this form is collected under the authority of the Municipal Government Act, Part 10, and will be used only for the purposes of property tax assessment and property tax collection. If you have any questions about the collection, please contact the Town Assessor, Town of Whitecourt, P.O. Box 509, 5004 52 Avenue, Whitecourt AB T7S 1N6, or Telephone: 780-778-2273, Fax: 780-778-4166