



**Application Deadline: July 15<sup>th</sup>**

<b>PERMISSIVE TAX EXEMPTION APPLICATION</b> <input type="checkbox"/> ONE YEAR <input type="checkbox"/> FOUR YEAR	
<b>(SECTION 1) - ORGANIZATION INFORMATION:</b>	
<b>Organization Name:</b>	<b>CRA/Society Act Number:</b>
<b>Property for Exemption Address:</b>	
Contact Person:	Phone Number:
Full Mailing Address:	Email:
What is the purpose of your organization? (include a brief description of the programs and/or activities provided): ..... ..... ..... .....	
Are your programs/activities available to all residents of Mission? <input type="checkbox"/> Yes <input type="checkbox"/> No    If not, please explain: .....	
If your organization operates on behalf of members, what are the requirements for membership? .....	
<b>(SECTION 2) – SELECT PROPERTY TYPE FOR EXEMPTION:</b>	
<input type="checkbox"/> Owned or held by charitable, philanthropic or other not-for-profit corporations <input type="checkbox"/> Owned or held by municipalities, regional cities or other local authorities <input type="checkbox"/> Owned or held by athletic or service clubs/ associations and used as public parks/ recreation grounds/ for public athletic or recreational purposes <input type="checkbox"/> Operated as a licensed community care facility/ registered assisted living residence <input type="checkbox"/> Provides municipal services under partnering agreements <input type="checkbox"/> Lands held for Cemetery purposes <input type="checkbox"/> Specified properties which are part of a revitalization area	
<b>(SECTION 3) – DECLARATION BY AUTHORIZED SIGNATORY:</b>	
I hereby certify that I have read the City of Mission Permissive Tax Exemption Policy FIN.49 that <b><u>the application complies with its requirements, and all City Bylaws</u></b> , and that the information contained in the application is complete and correct. <b>IF THERE IS A CHANGE IN THE STATUS OF YOUR ORGANIZATION THE CITY OF MISSION <u>MUST</u> BE NOTIFIED.</b>	
Signature:	Date:
Name (please print):	Title:

*(continued on back)*

**Application Deadline: July 15<sup>th</sup>** *(unless otherwise specified in the annual notification)*

**Email application to [tax@mission.ca](mailto:tax@mission.ca), drop off or mail to City of Mission, 8645 Stave Lake Street, Mission, BC V2V 4L9**

**Ensure your Application Declaration is signed and dated.** The City of Mission may contact you to request additional information, or clarification, to support your application. If you require further information, please contact the Finance Department at: 604-820-3717 or [tax@mission.ca](mailto:tax@mission.ca)

**\* COMPLETE A SEPARATE NEW FORM FOR EACH PROPERTY BEING CLAIMED**

(SECTION 4) – DETAILS OF PROPERTY:	
1. <b>Property Address:</b>	<b>Property Roll #:</b>
2. <b>Briefly describe the principal use of the property:</b> ..... ..... ..... .....	
3. <b>Property Ownership:</b> <input type="checkbox"/> Own <input type="checkbox"/> Lease/Rent Entire Property <input type="checkbox"/> Lease/Rent a Portion of the Property .....% a) If the property is leased/rented, who owns the property? ..... b) Term of lease/rental agreement: .....	
4. The exemption is being claimed for: <input type="checkbox"/> the whole property <input type="checkbox"/> a portion of the property If the exemption is being claimed for a portion of the property: Gross floor area of the building: .....sq.ft...      Floor area being claimed for use: .....sq.ft...	
5. <b>Commercial Activity (i.e. daycare center, catering and hall, thrift shop, etc.):</b> a) Does <u>your organization</u> conduct any commercial activity on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No    If so: Provide a brief description of the commercial activity, (include hours of operation and fees/charges): ..... ..... b) Does <u>another organization</u> conduct any commercial activity on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No    If so: Provide a brief description of the commercial activity, (include hours of operation and fees/charges): ..... .....	
6. <b>Leased Space:</b> Does your organization lease/rent any portion of the property to another agency/individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of the agency/individual leasing/renting the property ..... Is this agency for profit or non-profit? .....      Term of lease/rental: ..... For what purpose is this leased/rented space being used? .....	
7. Does anyone live in the building: <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes: a) How many people? .....      b) Living space square footage: .....	
(SECTION 5) – SUPPORTING DOCUMENTATION CHECK LIST (ATTACH COPIES TO APPLICATION):	
<input type="checkbox"/> Current year’s budget <b>* required</b> <input type="checkbox"/> Previous year’s annual financial statement <b>* required</b> <input type="checkbox"/> Annual general meeting minutes <b>* required</b> (including manager’s report, if applicable) <input type="checkbox"/> Current site plan for each property <b>* required</b> <input type="checkbox"/> Lease/rental agreement <i>(if applicable – see Section 4, question 3)</i> <input type="checkbox"/> If organization is <u>leasing/renting a portion of a property</u> provide a site drawing for that section of property <i>(if applicable – see Section 4, question 4)</i> <input type="checkbox"/> Lease/rental agreements to other agencies <i>(if applicable – see Section 4, question 6)</i>	

**Application Deadline: July 15<sup>th</sup>**

*The personal information on this form is collected for the purpose of an operating program of the City of Mission as noted in Section 26(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of the information, please contact the Freedom of Information Coordinator (604-820-3724).*