Application for Property Tax Exemption Fairs or Exhibitions

Application deadline September 30th of the year preceding the taxation year

Donation Dell Identificati	FOR OFFICE USE ONLY								
Property Roll Identifier						Taxation Yea	ar Date		
Legal Description	Lot	Block	Plan	Part	Sec.	Townsh	hip Range	Mer.	
Municipal Property Addre	ess								
Total Assessment		Lan	d Assessment			Building Asses	sment		
PART 1 – PROPE	RTY INFOR	MATION (R	eauired no l	ater than No	vembe	er 30 th of th	he taxation v	/ear)	
Name of property owner		•	•	Telephone Nui			Telephone Numb	-	
Address of property own	er			Post	al Code		Fax Number		
Address of property for w	hich exemption	is requested							
Portion/Area of the prope	erty held by the o	rganization	All Pa	rt Area Occupied	l is:				
Is there an agreement in confirms the portion of th held by the organization?	ate (mn	(mm / dd / yyyy)		Date organization took occupancy (mm / dd / yyyy)					
PART 2 – ORGAN	NIZATION IN	 IFORMATIC	N						
Name of organization op	Telephone N	Telephone Number (Bus)		Fax Number					
Act under which organization is registered as a non-profit organization					Registration Number				
Organization's objectives	s/purposes								
•									
1.									
1.									
1. 2.									
1. 2. 3.									
1. 2. 3. 4.	his organization	devoted to the ab	pove	Yes No If	No, attac	ch explanation			
1. 2. 3. 4. 5. Are the resources of tobjectives/purposes?	ry gains or bene	fits received by th		Yes ☐ No If Yes If Yes, attac			0		
1. 2. 3. 4. 5. Are the resources of tobjectives/purposes? Are there any moneta organization as a resu	ry gains or bene ılt of its provisior	fits received by the of services?	ne		ch explan	ation N			
1. 2. 3. 4. 5. Are the resources of tobjectives/purposes? Are there any moneta organization as a result. Does your organization	ry gains or bene ult of its provision on expect to move ts from the organ	fits received by the of services? e from this prope	rty during member	Yes If Yes, attac	ch explan	ation N	o		
1. 2. 3. 4. 5. Are the resources of tobjectives/purposes? Are there any moneta organization as a result. Does your organization the following year(s)? Is any income or profit.	ry gains or bene ult of its provision on expect to move ts from the organ organization othe	fits received by the of services? e from this prope hization paid to a ser than as wages?	rty during member ?	Yes If Yes, attac	ch explan ch explan ch explan	ation N	0	ness name(s	

(Municipality Contact Information)

PART	PART 3 – RETAIL COMMERCIAL OR LICENSED AREA									
Does the organization have a retail commercial area at this location?										
If yes, do you operate this area? Yes No										
What goods or services are sold at the retail commercial area?										
For what purpose is the net income from the retail commercial area used?										
Has an a	Has an area within the facility been issued a gaming/liquor license? Yes If yes, enclose copy No Class Area (Sq.Ft)									
PART	4 - PROPERTY USE INFORM	ATION specific to fairs o	r exhibition facilities							
What facilities are on the property?										
1. 2.										
3. 4.										
What are	the membership requirements including fe	es?								
Are there	e any restrictions in place preventing anyon	e from using the facility?	s No							
	re restrictions, explain	e nom daing the identity!	3 NO							
	5 – CONTACT INFORMATION		l -	T						
Contact	Name	Position with Organization	Telephone Number (Bus)	Telephone Number (Res)						
Mailing A	Address for non profit organization		Postal Code	Fax Number						
Presiden	t of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number						
Treasure	er of Organization	Telephone Number (Bus)	Telephone Number (Res)	Fax Number						
PART	6 – REQUIRED INFORMATION	N – please ensure the fol	lowing are submitted	l as attachments						
1)	 Certificate of Incorporation, current confirmation that the organization is registered in good standing and the Memorandum of Association and the Articles of Association, if any. 									
2)	Copies of:									
	The organizations most current fin	ancial statements,								
	Certificate of Title (if applicable),									
	The current lease agreement with the property owner (if applicable),									
	A plan showing the area leased.									
3)										
4)	4) Any available brochures, newsletters or other pertinent information relative to the organization.									
5)	5) Any other information that the Assessment Department may deem necessary									
form, and	at I am authorized to submit this applic as attachments to this form, is true an n is included.									
	Name (Please Print)	Date	Position	Signature						