



APPLICATION FOR A PROPERTY TAX EXEMPTION Thrift Shops or Sheltered Workshops

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

I. PROPERTY INFORMATION

Name of Property Owner		Phone Number
Address of Property Owner	Postal Code	Email
Address of property for which exemption is requested	Property Roll Identifier	
Legal Description (Plan, Block, Lot)		
What portion of the above property does the organization hold? <input type="checkbox"/> All <input type="checkbox"/> Part Area Occupied is: _____		
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: _____		

II. ORGANIZATION INFORMATION

Name of organization operating the facility used for a thrift shop or sheltered workshop	Phone Number
Act under which organization is registered as a non-profit organization	Registration Number
Organization's Objectives/Purposes: 1. _____ 2. _____ 3. _____ 4. _____	
Are the resources of this organization devoted to the above objectives/purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO If "No", please explain in an attachment.	
Is there any monetary gain or benefit received by the organization as a result of its provision of services? <input type="checkbox"/> YES If "Yes" please explain in an attachment. <input type="checkbox"/> NO	
Does your organization expect to move from this property in the next calendar year(s)? <input type="checkbox"/> YES If "Yes" please explain in an attachment. <input type="checkbox"/> NO	
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 If "Yes" please explain in an attachment. <input type="checkbox"/> NO	
Are the organization's services similar to any other organization and/or business? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", provide name(s): _____	

III. RETAIL COMMERCIAL OR LICENSED AREA

Does the organization have a retail commercial area at this location? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If "Yes", do you operate this area? <input type="checkbox"/> YES <input type="checkbox"/> 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 area within the facility been issued a gaming/liquor license? <input type="checkbox"/> YES If "Yes", enclose a copy. <input type="checkbox"/> NO		Class	Area (Sq.Ft)

IV. PROPERTY USE INFORMATION specific to thrift shops or sheltered workshops

What facilities are on the property?			
1. _____			
2. _____			
3. _____			
4. _____			
What are the membership requirements, including fees?			
Are there any other restrictions in place preventing anyone from using the facility?		YES	NO
If "Yes", what are they?			

V. CONTACT INFORMATION

Contact Name	Position with Organization	Email:	Phone Number:
Mailing Address for non-profit organization		Postal Code	
Organization's President			Phone Number:
Organization's Treasurer			Phone Number:

VI. OTHER REQUIRED INFORMATION – please ensure the following are submitted as attachments

<ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> • The organizations most current financial statements, • Certificate of Title (if applicable), • The current lease agreement with the property owner (if applicable), • A plan showing the area leased. 3. If applicable, a letter from the property owner confirming that he/she is aware of this exemption application and 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. 4. Any available brochures, newsletters or other pertinent information relative to the organization. 5. Any other information that the Assessment Department may deem necessary.

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
Position	Signature
<small>FOIP: Your personal information is being collected for the purpose of assessing property and collecting taxes. Any personal information received is being collected and used pursuant to section 33(c) and section 39(1)(a) of the Freedom of Information and Protection of Privacy Act and your personal information will be managed in accordance with the FOIP Act. If you have any questions about the collection, use and disclosure of information, please contact the City's FOIP Coordinator with Information Management at (403) 320-3821 or email foip@lethbridge.ca.</small>	