

Permissive Tax Exemption Application Instructions

Permissive Tax Exemption Application forms and associated Policy No. 7.15 are now available on the City of Salmon Arm website for the Taxation Year(s) – 2026, 2027 and 2028. Please go to www.salmonarm.ca/150/Permissive-Tax-Exemption.

DEADLINE: JULY 31, 2025

Forward To: Finance Department, City of Salmon Arm Mail: Box 40, Salmon Arm, BC V1E 4N2

Deliver: 500 – 2 Avenue NE, Salmon Arm (8:30am - 4:00pm, M - F)

Email: <u>propertytax@salmonarm.ca</u>

Applications received after the submission deadline will not be considered.

REQUIREMENTS:

Applications must comply with all guidelines as set out in the City of Salmon Arm Permissive Tax Exemption Policy No 7.15.

A separate application is required for each property (roll number).

The following items <u>must</u> be submitted with the application form:

- Confirmation of charity status per CRA or Certificate of Good Standing as a registered society per BC Registry Services;
 Financial Statements including Balance Sheet and Income Statement for most recent fiscal year (signed by Auditors or Treasurer);
 Financial Budget for the upcoming fiscal year (12 month period) together with previous year's comparatives;

 A separate and detailed breakdown of any capital expenditures included in the budget.

 Scale drawing of property that includes buildings (including use of space), parking lots, landscaping, etc.
- Only complete applications, with all supporting documentation, will be considered. Additional information may

Please direct inquiries to 250-803-4027 or propertytax@salmonarm.ca.

Copy of Lease Agreement (if applicable)

be requested as deemed necessary.



Permissive Tax Exemption Application For Taxation Year(s): 2026, 2027 and 2028

GENERAL I	NFORMATION
Organization Nam	ne:
Date Established in	n Salmon Arm:
Mailing Address:_	
City:	Postal Code:
Primary Contact &	τ Title:
Email:	Phone:
Secondary Contact	t & Title:
Email:	Phone:
Civic Address:	Legal Plan/Lot:ty Owner:
1. Is your organiz Yes No - If No, to pay prop	does the organization have a lease agreement with the City of Salmon Arm or other public authority and is it required berty taxes directly to the City of Salmon Arm or other public authority? Yes - If Yes, please attach a copy of the lease No - If No, is your organization a religious organization that has a lease agreement for the purpose of public worship and is required to pay property taxes directly to the City of Salmon Arm or to the owner of the property? Yes - If Yes, please attach a copy of the lease No - If No, not eligible for Permissive Tax Exemption
2. Does anyone li □ No □ Yes	ve in the building(s) or on the property?



ORGANIZATION INFORMATION

	Is your organization a Registered Charity or Non-Profit Society that is active and in good standing? □ No – If No, not eligible for a Permissive Tax Exemption □ Yes – If Yes, provide confirmation of charity status (CRA) or Certificate of Good Standing (BC Registry Services)
4.	Is the organization in compliance with all municipal policies, plans, bylaws and other applicable regulations (i.e. business licensing, permits and zoning)? Yes No - If No, please explain:
5.	Describe the goal(s) or purpose(s) of the organization:
6.	How is the property used to accomplish the organization's goal(s) or purpose(s)?



7.	7. Size of membership, congregation, enrollment or Salmon Arm residents utilizing the property?					
8.	Describe the services and activities provided by your organization and how they members:	provide a benefit to the community and/or				
9.	 Are the services or programs offered by the organization widely available in the City? Is your organization competing against other local businesses providing the same recreational services or programs? No Yes - If Yes, not eligible for a Permissive Tax Exemption 					
10.	10. Does the organization provide services or programs to people outside of the City of Salmon Arm?					
	 No Yes - If Yes, please indicate which services or programs are regional in nature: 					
	SERVICES OR PROGRAMS	% OF TOTAL SERVICES OR PROGRAMS				



Yes - If Yes, please indicate the THIRD PARTY ORGANIZATION		TYPE OF ACTIVITY	AREA OF LEASED SPACE (sq. ft)	LEAS	LUSIVE USE SED SPACE (Y/N)	ANNUAL FEE CHARGED	
			(54.11)	(1/14)			
	other funding	ants from the City of Salmon and agencies in the last 3 years? e following:					
YEAR	TYPE OF GRANT		ANT			AMOUNT	
List all Agencies to w or pending) of applica	_	has been requested for the en	nsuing year, and note a	mount of	request and stat	us (approved, den	
AGENCY		AMOUN REQUEST		DECISION			



DECLARATION

I understand that all required information must be attached to this application to be considered for a permissive tax exemption and that additional information may be requested prior to consideration of this application.

I understand that if this application is approved in full or part, it is our organization's responsibility to contact the City of Salmon Arm if significant changes occur with respect to the organization, ownership or principal use of property.

I understand that the property use must be in compliance with all applicable municipal policies and bylaws.

I certify that I am an authorized signing officer of the organization and that that the information provided in this application and supporting documentation is true and accurate to the best of my knowledge.

Authorized Signature:	Date:
Printed Name:	Position:

Knowingly submitting an application or information that is not true or accurate will result in loss of eligibility.