

**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) – 2027 and 2028. Please go to [www.salmonarm.ca/150/Permissive-Tax-Exemption](http://www.salmonarm.ca/150/Permissive-Tax-Exemption).

**DEADLINE: JULY 31, 2026**

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: [propertytax@salmonarm.ca](mailto:propertytax@salmonarm.ca)

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 must 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.
- Copy of Lease Agreement (if applicable)

Only complete applications, with all supporting documentation, will be considered. Additional information may be requested as deemed necessary.

Please direct inquiries to 250-803-4027 or [propertytax@salmonarm.ca](mailto:propertytax@salmonarm.ca).

**GENERAL INFORMATION**

Organization Name: \_\_\_\_\_

Date Established in Salmon Arm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Contact & Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Contact & Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**PROPERTY INFORMATION**

Civic Address: \_\_\_\_\_

Folio Number: \_\_\_\_\_ Legal Plan/Lot: \_\_\_\_\_

Registered Property Owner: \_\_\_\_\_

1. Is your organization the registered owner of the property?
  - Yes
  - No - If No, does the organization have a lease agreement with the City of Salmon Arm or other public authority and is it required to pay property 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 live in the building(s) or on the property?
  - No
  - Yes

**ORGANIZATION INFORMATION**

3. 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. 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 provide a benefit to the community and/or members:

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. 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

11. Does your organization have any 3<sup>rd</sup> party agreements including rentals or use of the building(s), parking lot(s), or services rendered?  
i.e. Daycare, For-Profit Business

- No
- Yes - If Yes, please indicate the following:

THIRD PARTY ORGANIZATION	TYPE OF ACTIVITY	AREA OF LEASED SPACE (sq. ft)	EXCLUSIVE USE LEASED SPACE (Y/N)	ANNUAL FEE CHARGED

12. Has the organization received grants from the City of Salmon Arm, Provincial or Federal Government, Regional Government, Crown Agencies, or other funding agencies in the last 3 years? i.e. Grant-in-Lieu, Tax Exemption, Annual Grant

- No
- Yes - If Yes, please indicate the following:

YEAR	TYPE OF GRANT	AMOUNT

13. List all Agencies to whom a grant has been requested for the ensuing year, and note amount of request and status (approved, denied or pending) of application:

AGENCY	AMOUNT REQUESTED	DECISION

14. Do you propose to turn a portion of the grant received to any other organization?

- No
- Yes - If Yes, not eligible for a Permissive Tax Exemption

**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 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.*