

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:	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 <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.
- □ 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.



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

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?
 - \square No
 - □ Yes

SALMONARM

Permissive Tax Exemption Application

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
 - \Box 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)?

Where space provided is insufficient, attach additional pages.



- 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

SALMONARM

Permissive Tax Exemption Application

- 11. Does your organization have any 3rd 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?
 - \square No
 - $\hfill\square$ Yes If Yes, not eligible for a Permissive Tax Exemption

SALMONARM

Permissive Tax Exemption Application

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.