



## DISTRICT OF COLDSTREAM

9901 Kalamalka Road,  
Coldstream, B.C. V1B 1L6  
Tel: 545-5304 Fax: 545-4733

### ***APPLICATION FOR PERMISSIVE TAX EXEMPTION***

#### Instructions

In accordance with the *Community Charter*, the Council of The Corporation of the District of Coldstream may approve a tax exemption on properties that are owned or held by organizations that are not for profit. The exemptions must be approved by BYLAW, and the bylaw for the applicable taxation year must be approved by October 31<sup>st</sup> of the previous year.

Please complete the following application and submit it to the District on or before **August 15th in the year PRIOR** to the budget year for which the application is made.

Note that exemptions must be applied for on an annual basis and approval in one year does not imply or suggest that approval in any year subsequent will occur.

- 
1. Name of Organization \_\_\_\_\_  
\_\_\_\_\_
  2. Date of Application \_\_\_\_\_
  3. Taxation Year being applied for \_\_\_\_\_

NOTE: This is a request for an exemption from property taxes for NEXT YEAR.

**DISTRICT OF COLDSTREAM –  
APPLICATION FOR PERMISSIVE TAX EXEMPTION**

**Details of Organization**

Name of Organization: \_\_\_\_\_  
Address of Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of Contact Person \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
\_\_\_\_\_  
Incorporation # of Society: \_\_\_\_\_  
Folio Number \_\_\_\_\_  
Civic Address of Property \_\_\_\_\_  
\_\_\_\_\_  
Legal Description of Property: \_\_\_\_\_  
\_\_\_\_\_

**Financial Information**

- Please provide a copy of the following:
- Most recent audited financial statements
  - Projected statement of receipts and disbursements (budget) for the upcoming year together with comparatives from the previous year.

**Section E – Other Information**

- On a separate sheet, please provide the following:
1. Details of efforts made by your organization to work towards self-sufficiency.
  2. Details on the current membership of your organization (i.e. number of members, fees/due paid, etc.
  3. Details of specific accomplishments and/or contributions made by your organization that benefit the residents of the District of Coldstream.
  4. Any other information which you feel Council should consider.

On behalf of \_\_\_\_\_, I/we hereby declare that all the information presented and/or provided with this application is true and correct.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Authorized Signatory