

# COPTER APPLICATION

## Community Organization Property Tax Exemption Regulation

Provincial legislation - Municipal Government Act (MGA) and Community Organizations Property Tax Exemption Regulation (COPTER) - set the criteria and classification for property tax exemptions. The intent of the legislation is to reduce the tax burden on eligible non-profit organizations so they may continue to provide the necessary services, support or charitable programs to all Strathmore residents.

Non-profit organizations or businesses seeking property tax exemption need to apply with supporting documentation to Wildrose Assessment by September 30, of the year prior to the taxation year to be reviewed for eligibility. If an organization is approved, it will need to complete a renewal form each subsequent year. The renewal form must be completed and submitted to Wildrose Assessment by September 30, in the year prior to the taxation year. If the exempt organization moves to a new location in the current taxation year, a new application form must be completed and submitted to the Town of Strathmore.

**Application deadline: September 30<sup>th</sup> of the year preceding the taxation year**

| FOR OFFICE USE ONLY         |        |                  |       |                |                      |        |      |
|-----------------------------|--------|------------------|-------|----------------|----------------------|--------|------|
| Property Roll Identifier:   |        |                  |       | Taxation Year: |                      | Date:  |      |
| Legal Description - Lot:    | Block: | Plan:            | Part: | Section:       | Township:            | Range: | Mer. |
| Municipal Property Address: |        |                  |       |                |                      |        |      |
| Total Assessment:           |        | Land Assessment: |       |                | Building Assessment: |        |      |

## PART 1 – PROPERTY INFORMATION

**PLEASE REFER TO THE GUIDELINES TO ENSURE YOUR APPLICATION IS COMPLETED CORRECTLY.**

|  |  |                     |              |  |             |
|--|--|---------------------|--------------|--|-------------|
| Name of Property Owner:  |  | Phone Number (Bus): |              | Phone Number (Res):  |             |
| Address of Property Owner:   |  |                     | Postal Code: |  | Fax Number: |
| Address of Property for Which Exemption is Requested:  |  |                     |              |  |             |
| Business Identifier (if available):  |  |                     |              |  |             |
| Portion/Area of the Property Held By the Organization:   |  | <b>All</b>          | <b>Part</b>  | Area Occupied by:  |             |
| Is there an agreement in place that confirms the portion of the property held by the organization?   |  | <b>Yes</b>          | <b>No</b>    | If yes, provide information as indicated in the guideline. |             |
| <p>What type of building is the association located?</p> <ul style="list-style-type: none"> <li>Retail Building</li> <li>Office Building</li> <li>Residential</li> <li>Special Use</li> <li>Warehouse</li> <li>Other: if none of the above applies please check this box and specify the building type.</li> </ul> |  |                     |              |  |             |
| Date organization took occupancy:  |  |                     |              |  |             |

## PART 2 – ORGANIZATION INFORMATION

|   |               |                      |  |
|---|---------------|----------------------|--|
| Name of organization operating the facility:  | Phone Number: | Fax Number:          |  |
| Act under which organization is registered as a non-profit organization:  |               | Registration Number: |  |
| Organization's Objectives / Purposes:<br>1)<br><br>2)<br><br>3)<br><br>4)<br><br>5)                                     |               |                      |  |
| Are the resources of this organization devoted to the above objection / purposes?                                       | <b>Yes</b>    | <b>No</b>            | If <b>No</b> , attach explanation  |
| Are there any monetary gains or benefits received by the organization because of its provision of services?             | <b>Yes</b>    | <b>No</b>            | If <b>Yes</b> , attach explanation   |
| Does your organization expect to move from this property during the following year(s)?                                  | <b>Yes</b>    | <b>No</b>            | If <b>Yes</b> , attach explanation   |
| Is any income or profits from the organization paid to a member or shareholder of the organization other than as wages? | <b>Yes</b>    | <b>No</b>            | If <b>Yes</b> , attach explanation   |
| Are the organization's services like any other organization and/or business?  | <b>Yes</b>    | <b>No</b>            | If <b>Yes</b> , attach a sheet providing the organization/business name(s) |

## PART 3 – RETAIL COMMERCIAL OR LICENSED AREA

|  |               |           |
|--|---------------|-----------|
| Does the organization have a retail commercial area at this location?    | <b>Yes</b>    | <b>No</b> |
| If yes, do you operate this area?  | <b>Yes</b>    | <b>No</b> |
| 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?     | <b>Yes</b>    | <b>No</b> |
| Class:   | Area (Sq.Ft): |           |

## PART 4 – PROPERTY INFORMATION

What facilities are on the property?

What times are they accessible to the public?

Are users required to pay a fee?

**Yes**

**No**

If Memberships are required, please list requirements and fees.

Are there any restrictions in place preventing anyone from using the facility?

**Yes**

**No**

If there are restrictions, explain:

Are the services provided by the organization advertised and promoted to the public or primarily members?

**Public**

**Members**

## PART 5 – CONTACT INFORMATION

|  |                             |                     |                     |
|--|-----------------------------|---------------------|---------------------|
| Contact Name:                                | Position with Organization: | Phone Number (Bus): | Phone Number (Res): |
| Mailing Address for non-profit organization: |                             | Postal Code:        | Fax Number:         |
| President of Organization:                   | Phone Number (Bus):         | Phone Number (Res): | Fax Number:         |
| Treasurer of Organization:                   | Phone Number (Bus):         | Phone Number (Res): | Fax Number:         |

## PART 6 – REQUIRED INFORMATION

### Please ensure the following are submitted as attachments

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:
  - a. The organization's most current financial statements;
  - b. Certificate of Title (if applicable);
  - c. The current lease agreement with the property owner (if applicable);
  - d. 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 related 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, is true and accurate in every respect, and that all information required under Part 6 of this application is included.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature