



52 Seguin Street,
PARRY SOUND, On. P2A 1B4
Tel: (705) 746-2101 Fax: (705) 746-7461

Registered Charity Tax Rebate Application For Charities in Commercial and Industrial Buildings

Calendar Year for Which
Rebate Applies

This application must be received at the tax office or post-marked by the last day of February of the following tax year

Please include the following with your application:

Instructions

1. The Charity should complete Parts A and C.
2. The Charity should request the Landlord to complete Part B.

Identification

- A copy of the lease that sets out the amount of property taxes required to be paid by the charitable organization and / or

Landlord Total Taxes

- A statement / invoice from the landlord of amount of property taxes required to be paid by the charitable organization.

- The Rebate can only be made with respect to eligible charities that pay taxes on properties they occupy in the **commercial** or **industrial** classes of property within the Town of Parry Sound. The rate of rebate is currently 40%. Taxes on property assessed as **residential** are **NOT** applicable.
- **If any Benefits received from this application were accepted under false pretense, the total amount shall be revoked and recovered by whatever means deemed necessary by the municipality.**

Tax Roll Number 4932 | _ _ _ | _ _ _ | _ _ _ _ _ | _ _ _ _ _

Part A: IDENTIFICATION

Name of Eligible Charity:

Address for Which Rebate Applies:

Name of Applicant Charity:

Contact Name:

Contact Telephone No:

Mailing Address:

City

Province

Postal Code

Length of Occupancy at Present Address:

Revenue Canada Charitable Registration Number: _ _ _ _ _ | _ _ _ _ _ | _ _ _ _ _ (Submit Copy of Charter)

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Tax Roll Number 4932 | _ _ _ | _ _ _ | _ _ _ _ _ | _ _ _ _ _

Part B: TAXES PAYABLE BY CHARITY (To Be Completed By Landlord / Owner)

Total Annual Property Taxes Payable on Assessed Property	\$ _____	
Total Annual Property Taxes Charged to Charity This Year	\$ _____	"A"
If "A" is for a time period other than the full calendar year	From : YY / MM / DD	To : YY / MM / DD
Total Rentable Space of Property (sq.ft.)	_____	
Charity's Rentable Space (sq.ft.)	_____	
Registered Charity's Proportional Share of Rentable Space of Property	_____ %	"B"
Rebate Entitlement "A" x 40%	\$ _____	
Signature of Landlord / Owner _____ Date _____		

Part C: CERTIFICATION TO BE COMPLETED BY APPLICANT

I, _____ certify that the above information is true, correct and complete. I also acknowledge that I must inform the Town of Parry Sound of any changes in the above, which affects eligibility for a rebate.

Signature of Signing Officer _____ Title of Signing Officer _____
 Commissioner for Taking Affidavits, etc Date of Application _____

TOWN OF PARRY SOUND USE ONLY

Actual Taxes Paid	\$ _____
Town Portion	\$ _____
Education Portion	\$ _____
TOTAL TAXES REBATED	\$ _____
<input type="checkbox"/> Application Approved Name: _____ Signature: _____ Date: _____	<input type="checkbox"/> Application Rejected Name: _____ Signature: _____ Date: _____