

## VILLAGE OF HAZELTON

Policy #3.7

**POLICY:** Permissive Tax Exemption

ADOPTED: August 10, 2021

#### **PURPOSE:**

The purpose of this policy is to provide guidance to Council to determine the properties to which permissive tax exemptions shall be granted.

### **SCOPE**

Council uses its authority to grant permissive tax exemptions as a way to fulfill its municipal purpose according to section 7 of the Community Charter which includes:

- a) Providing for good government of its community,
- b) Providing for services, laws and other matters for community benefit,
- c) Providing for stewardship of the public assets of its community, and
- d) Fostering for economic, social, and environmental well-being of its community.

Council's primary consideration of whether to grant a permissive tax exemption will be the benefit that the organization offers to the community. The organization must fulfill some basic need or otherwise improve the quality of life for Village of Hazelton residents.

#### **POLICY:**

#### 1. Process

Council will consider applications for permissive tax exemptions every 4 years. Every fourth year, staff will advertise permissive tax exemption applications. Completed forms must be received by Village of Hazelton by September 1st. Staff will review applications for completeness and eligibility and present to Council a summary report of the applications for review at the Regular Meeting held in September.

After Council considers the applicants, Council will provide direction on which properties to include in the 4 Year Permissive Tax Exemption Bylaw. Permissive tax exemption bylaws must be submitted to BC Assessment no later than October 31st.

## 2. Eligibility Criteria

- 2.1 A full listing of what qualifies for an exemption can be found under Section 224 of the Community Charter.
- 2.2 Exemptions are based on the use of the property or building, not on the non-profit or charitable services of the organization as a whole.
- 2.3 Principal use of property refers to the use related directly to the principal purpose of the organization owning or leasing the property.

- 2.4 The property's use must provide services or programs that are compatible or complementary to those offered by the Village of Hazelton. These services should fulfill some basic need, or otherwise improve the quality of life for residents of the Village of Hazelton.
- 2.5 The property's use must primarily provide benefits to the residents of the Village of Hazelton and not discriminate access to services based on membership or similar criteria.
- 2.6 The property's use must be in compliance with all municipal policies, plans, bylaws, and other applicable regulations.

### 3. Duration of Exemption

- 3.1 Council will consider exemptions of up to 4 years, after which time new applications must be submitted in order to maintain tax exempt status.
- 3.2 Council may at any time reconsider and amend its permissive tax exemption bylaw.
- 3.3 Any changes will take effect for the following tax year.

## 4. Extent and Conditions

- 4.1 Council may, at its discretion reject any or all applications brought forward for consideration.
- 4.2 Council at its discretion may limit the total of all permissive tax exemptions granted based on budgetary constraints.
- 4.3 The following activities and circumstances will not be considered as eligible for exemption:
  - Land/improvements used by private sector entity and/or organization not meeting eligibility criteria laid out in Section 2 of this policy;
  - Land/improvements used for commercial or for-profit activities by the non-profit organization.
- 4.4 It is the responsibility of any approved exempted organization to notify the Village if significant changes occur with respect to the organization, ownership or principal use of the property. An updated application may be required.
- 4.5 Council may impose penalties on an exempted organization for knowingly breaching the conditions of exemption. The penalties may include:
  - Revoking an exemption without notice,
  - Disqualifying any future application for exemption for specific time period, or
  - Requiring repayment of monies equal to the foregone tax revenue.

# **VILLAGE OF HAZELTON**



| 1 Instructions                                                                                                                                                                                                         |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| Please return completed application form with supporting documentation by September 1 of the current year to be considered for the next permissive tax exemption year, using the following methods:                    |            |  |
| Village of Hazelton Mail: PO BOX 40 Hazelton BC, VOJ 1Y0 Email: info@hazelton.ca                                                                                                                                       |            |  |
| Application intake period is every 4 years starting in August and ending September 1 <sup>st</sup> . A separate application is required for each property.                                                             |            |  |
| Applications must comply with all guidelines as set out in the policy. Council may at its discretion, reject any or all applicants.                                                                                    |            |  |
| The following items <u>must be</u> submitted with the application to be considered:  ☐ Copy of the most current Financial Statements ☐ Financial Budget for the current year ☐ Copy of lease agreement (if applicable) |            |  |
| Note: The Village of Hazelton may contact you to request additional information to support your application.                                                                                                           |            |  |
|                                                                                                                                                                                                                        |            |  |
| 2 Property Information                                                                                                                                                                                                 |            |  |
| Property Address                                                                                                                                                                                                       |            |  |
| Roll Number                                                                                                                                                                                                            | PID Number |  |
| Registered Property Owner                                                                                                                                                                                              | <u>I</u>   |  |

# **VILLAGE OF HAZELTON**



| 3 Organizati                                                                                                                                                                                                                                                                                                     | on Information      | Year of Exemption:     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------|
| Organization Full Name                                                                                                                                                                                                                                                                                           |                     |                        |
| Mailing Address                                                                                                                                                                                                                                                                                                  |                     |                        |
| City                                                                                                                                                                                                                                                                                                             |                     | Postal Code            |
| Email                                                                                                                                                                                                                                                                                                            |                     | Preferred Contact Name |
| Telephone Number                                                                                                                                                                                                                                                                                                 |                     | Business Number (CRA)  |
| Is your organization r □Yes □                                                                                                                                                                                                                                                                                    | non-profit?<br>I No | Registration Number    |
| Is your organization the registered owner of the property?  ☐ Yes ☐ No  If not, is the organization a lessee under a lease which requires direct payment of property taxes by the lessee to the Village of Hazelton?  ☐ Yes- if Yes, attach copy of lease ☐ No- if No, not eligible for Permissive Tax Exemption |                     |                        |
|                                                                                                                                                                                                                                                                                                                  |                     |                        |
| 4 Activity, Classification and Ownership/Lease                                                                                                                                                                                                                                                                   |                     |                        |
| Describe the service or services the organization provides to the Community                                                                                                                                                                                                                                      |                     |                        |
| What percentage of users are residents of the Village of Hazelton?                                                                                                                                                                                                                                               |                     |                        |
| How does the organization benefit Village of Hazelton residents?                                                                                                                                                                                                                                                 |                     |                        |

| Is membership to the society restricted?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ? If so, to whom?                                                    |  |
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| Categorize the service or services the or applicable boxes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ganization provides to the Community. Check all                      |  |
| □ Church/Place of Worship                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Cultural/ Educational                                              |  |
| ☐ Social Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ☐ Recreational                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |  |
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| 5 Declaration- Certification by authorized signatory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |  |
| Lunderstand that it is our organization's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s responsibility to contact the Village of Hazelton if any           |  |
| I understand that it is our organization's responsibility to contact the Village of Hazelton if any changes occur with respect to ownership or principal use of property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |  |
| the second secon |                                                                      |  |
| I am an authorized signing officer of the organization and I certify that I have read the Village of Hazelton Tax Exemption Policy, that this application complies with its requirements and the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |  |
| information contained in this application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |  |
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| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date:                                                                |  |
| "Personal information contained on this form is coll-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ected under the Freedom of Information and Protection of Privacy Act |  |
| and will be used only for the purposes of responding to your request."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      |  |

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