

Folio Number (s): \_\_\_\_\_

**The Corporation of the District of Kent**

**Permissive Tax Exemption Renewal Form**

---

**Exemption Year** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Registered Owner:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Society Registration / Charitable Organization Number:** \_\_\_\_\_

1. Purpose of the Organization (provide a brief description of the major programs/services/benefits delivered by your organization and the main user groups):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. To the best of your knowledge, is the organization in compliance with municipal policies, plans, bylaws and regulations?

\_\_\_\_\_

3. Describe how the services provided by the organization are complementary extensions to District of Kent services and programs:

\_\_\_\_\_  
\_\_\_\_\_

4. Describe in detail the principal use of the property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Provide details of revenue generating activities on your property:

Activity Description (ie. Daycare, pre-school, Hall Rental)	Name of Organization or Operator	# of Participants	# of Days in a Year	Annual Income received

6. List grants or other sources of funding received in the past year (please note if any included a provision for property taxes):

---

---

7. How are District of Kent residents the primary beneficiaries of the organization's services?

---

In the past year, how many people have used the organization's services? \_\_\_\_\_

How many were District of Kent residents? \_\_\_\_\_

8. Is the organization run by volunteers, paid staff or a combination? \_\_\_\_\_

State the number of volunteers and volunteer hours worked in the past year:

---

State the number of paid staff that worked at the organization in the past year: \_\_\_\_\_

9. Describe in detail any and all **changes** in the past year to:

- the use of the buildings or property
- the dimensions of the property

---

---

---

---

When submitting this form, please attach the following documents:

- Most recent registered charity information return (T3010) or non-profit society returns (T2 and 1044)
- Audited Financial Statements for the most recent fiscal year
- Most recent Society Annual Report

I, \_\_\_\_\_ certify that I am the \_\_\_\_\_  
(Name) (Position)

of \_\_\_\_\_ and believe the above information to be  
(Name of Organization)

true, and accurate in all respects:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_