



REQUEST A BUSINESS ASSESSMENT REVIEW FOR TAX EXEMPTION

Date:	
Business Roll Identifier:	
Premise Address:	
Taxation Year:	
Total Annual Rental Value:	
Exemption under the City of Winnipeg Charter Act:	YES or NO

I. PROPERTY INFORMATION

Name of Business Owner		
Address of Business Owner	Tel	Fax
Address of premise for which exemption is requested		
Is there an agreement in place that confirms the portion of the property held by the organization? YES NO	If yes, provide expiry date	Date on which organization took up occupancy?

II. ORGANIZATION INFORMATION

Name of organization operating the facility	Tel	Fax
Organization's objectives/purposes 1. _____ 2. _____ 3. _____ 4. _____		
Act under which organization is registered as a non-profit organization	Registration number	
Are the resources of this organization devoted to the above objectives/purposes? YES NO If no, please explain in an attachment	Is there any monetary gain or benefit received by the organization as a result of its provision of services? YES NO If yes, please explain in an attachment.	
Does your organization expect to move from this property during the current year? YES NO If yes, please explain in an attachment.		
Is any income or profits from the organization paid to a member or shareholder of the organization other than as wages? YES NO If yes, please explain in an attachment.		

Who are the Incorporators/First Directors?	
Who are the Present Directors?	
Are any of the Incorporators/First Directors or Present Directors employed by the organization? YES NO If yes, how many and what are their functions.	
What is the relationship amongst the Incorporators/First Directors and the employees?	
Who makes the policy which governs the day-to-day operations of the organization?	
Do formal meetings of the Board of Directors take place regularly?	YES NO
Are minutes of the meetings kept?	YES NO
What are the sources of revenue of the organization?	
How is the total revenue of the organization spent?	

III. CONTACT INFORMATION

Contact Name	Position with Organization	Tel	Fax
Preferred mailing address for Non-Profit Organization			Postal Code
Organization's President		Tel	Fax
Organization's Treasurer		Tel	Fax

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 Section IV of this application is included.	
Name (please print)	Date (Mandatory)
Position	Signature

Please provide all information required in order for the Assessment and Taxation Department to determine the exempt status of the property occupied by your organization.

IV. OTHER REQUIRED INFORMATION

Please ensure the following are submitted as attachments to the application:

1. **Certificate of Incorporation, current confirmation that the organization is registered in good standing and the Memorandum of Association and the Articles of Incorporation, if any.**
2. **Copies of:**
 - **The current lease agreement with the property owner (if applicable); and,**
 - **A plan showing the area leased.**
3. **Any available brochures, newsletters or other pertinent information relative to your organization.**

Mail to :
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