

Application for Property Tax Exemption Non Profit Organization

Application deadline September 30th of
the year preceding the taxation year

FOR OFFICE USE ONLY

Property Roll Identifier 4000017027					Taxation Year 2023/2024		Date June 28, 2023	
Legal Description	Lot	Block	Plan	Part	Sec.	Township	Range	Mer.
	6	26	5630 HW					
Municipal Property Address 4803 51 Street								
Total Assessment 166,700			Land Assessment			Building Assessment		

PART 1 – PROPERTY INFORMATION (Required by November 30th of the year preceding the taxation year)

Name of property owner Mahmoud Elkadri Soumah		Telephone Number (Bus)	Telephone Number (Res)
Address of property owner 4803-51 St. Holdings		Postal Code	Fax Number
Address of property for which exemption is requested 4803-51 St. Cold Lake AB. T9M 1B6			
Portion/Area of the property held by the organization		Area Occupied is:	
<input checked="" type="checkbox"/> All <input type="checkbox"/> Part			
Is there an agreement in place that confirms the portion of the property held by the organization?		Date organization took occupancy (mm / dd / yyyy)	
<input checked="" type="checkbox"/> Yes If yes, provide expiry date May 31 / 23 ongoing		Mar 20 2020	
<input type="checkbox"/> No			

PART 2 – ORGANIZATION INFORMATION

Name of organization operating the facility Cold Lake Native Friendship Centre		Telephone Number (Bus)	Fax Number
780 594 7526		594 1599	
Act under which organization is registered as a non-profit organization Society Act		Registration Number 563919045	
Organization's objectives/purposes			
1. Kokum's Corner Thrift Store			
2.			
3.			
4.			
5.			
a)	Are the resources of this organization devoted to the above objectives/purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, attach explanation
b)	Are there any monetary gains or benefits received by the organization as a result of its provision of services?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, attach explanation
c)	Does your organization expect to move from this property during the following year(s)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, attach explanation
d)	Is any income or profits from the organization paid to a member or shareholder of the organization other than as wages?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, attach explanation
e)	Are the organization's services similar to any other organization and /or business?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, attach a sheet providing the organization/business name(s)

This information is being collected for property tax exemption purposes in accordance with the Municipal Government Act and Community Organization Property Tax Exemption Regulation (AR281/98) and s.33(c) of the Freedom of Information and Protection of Privacy Act. All personal information will be managed in compliance with the provisions of the FOIP Act. Questions about the collection of this information can be directed to _____

(Municipality Contact Information)

PART 3 – RETAIL COMMERCIAL OR LICENSED AREADoes the organization have a retail commercial area at this location? ☒ Yes ☐ NoIf yes, do you operate this area? ☒ Yes ☐ No

What goods or services are sold at the retail commercial area?

Used clothing, Appliances & Used Furniture,

For what purpose is the net income from the retail commercial area used?

*To help operate Kokum's House Men's Shelter*Has an area within the facility been issued a gaming/liquor license? ☐ Yes If yes, enclose copy ☒ No

Class

Area (Sq.Ft)

PART 4 – PROPERTY USE INFORMATION specific to a non profit organization

What facilities are on the property?

1. *Building*
- 2.
- 3.
- 4.

What times are they accessible to the general public?

10 am - 5:30 p.m

What are the membership requirements including fees?

wages -

Describe the purpose for which the facility is used.

Kokum's Corner Thrift Store

Describe the typical beneficiary and where they reside.

*own homes.*Are there any restrictions in place preventing anyone from using the facility? ☒ Yes ☐ No

If there are restrictions, explain

Used only for Kokum's Corner Thrift Store

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

☒ General Public ☐ Members**PART 5 – CONTACT INFORMATION**

Contact Name

Agnes Gendron

Position with Organization

Executive Director 780 594 7524

Telephone Number (Bus)

Telephone Number (Res)

Mailing Address for non profit organization

Box 1978, Caldhead AB T9M 1P4

Postal Code

Fax Number

594 1599

President of Organization

Alex Bigan

Telephone Number (Bus)

780 545 7285

Telephone Number (Res)

Fax Number

Treasurer of Organization

Triskala Huppie

Telephone Number (Bus)

780 815 1430

Telephone 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:
 - The organizations most current financial statements,
 - Certificate of Title (if applicable),
 - The current lease agreement with the property owner (if applicable),
 - 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 relative 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.

Agnes Gendron

Name (Please Print)

June 28/23 Executive Director

Date

Position

[Signature]

Signature