



## APPLICATION FOR PROPERTY TAX REBATE FOR THE YEAR 2009

### Applicable to Registered Charities in Leased or Rented Premises

1. The rebate can only be made with respect to eligible charities that pay taxes on properties they occupy in one of the **commercial** or **industrial** property classes at a rate set by the County of Lennox and Addington, which is currently 40%. If the area occupied by the eligible charity is not separately assessed, it is the responsibility of the charity representative to provide the assessment to this area. **Taxes on property assessed as residential are NOT applicable.**
2. The rebate is available only for the period during which the eligible charity occupied the property. Eligible charities that cease operations in the municipality during the year must repay the amount that the rebate advance exceeds that actual rebate entitlement, if any.
3. After all parts are completed, the Charity should mail the completed application to:  
  
Loyalist Township  
Taxation Department, P.O. Box 70  
263 Main Street  
Odessa, ON K0H 2H0
4. **The Deadline for submission of 2009 applications is February 26, 2009.**

<b>Part A: IDENTIFICATION</b>	Application Date: YY ___ /MM ___ /DD ___
Name of Registered Charity _____	
Charitable Registration Number issued by Revenue Canada _____	
(Applicant must submit copy of designation letter provided by Revenue Canada)	
Name of Contact _____	
Mailing Address _____	
Postal Code _____	
Telephone No: _____	

**Part B: TAXES PAYABLE BY CHARITY**

1. Annual property tax payable for the year 2009, including, if applicable, any adjustment under Bill 79. \_\_\_\_\_ "A"

*(Note: Supporting documentation such as 2009 property tax bill must be submitted to agree with this amount)*

2. If "A" above is for the time period other than the full calendar year, specify time period

**FROM:** YY \_\_\_\_ /MM \_\_\_\_ /DD \_\_\_\_

**TO:** YY \_\_\_\_ /MM \_\_\_\_ /DD \_\_\_\_

**Part C: PROPERTY IDENTIFICATION**

Name of Landlord/Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone No: \_\_\_\_\_

**Assessment Roll # of the property where the charity is located:**

11-04 \_\_\_\_\_

**Property Occupied by Registered Charity**

(Municipal Address) \_\_\_\_\_

**SQUARE FOOTAGE OCCUPIED BY CHARITY:** \_\_\_\_\_

**TOTAL SQUARE FOOTAGE OF BUILDING:** \_\_\_\_\_

**Part D: CERTIFICATION**

I certify the foregoing information is true, correct and complete.

Signature of Officer of Organization \_\_\_\_\_

Name of Officer \_\_\_\_\_

Title of Officer \_\_\_\_\_

Date \_\_\_\_\_

Tax Rebate Program Pursuant to Section 361, 1 of the Municipal Act 2001 Personal information on this form is collected under the authority of the Ontario Municipal Act, 2001. S.O. 2001, c 25. It will be used in accordance with the Municipal Freedom of Information and Protection of Privacy Act 1999 for administrative purposes in connection with payment authorization. Any questions about the collection or use of this information can be addressed to the Township Treasurer.