



**For Registered Charities Occupying Commercial and/or Industrial Property**

Your form must be received at the tax office by the **last day of February** of the year following the taxation year to which the application relates

Calendar Year For Which Rebate Applies _____	
Name of Applicant Charity _____	
Contact Name _____	Contact Telephone No. _____
Charity's Mailing Address _____	Postal Code _____
Address For Which Rebate Applies _____	Postal Code _____
Length of Occupancy at Present Address _____	
Canada Customs and Revenue Agency Registration/Business No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Submit Copy of Charter)	

**Landlord Declaration:**

Landlord or Property Manager Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
(print)

**Property Tax Roll Number**      -   -   -   -     -

Property Class for Property Occupied by the Charity     Commercial     Industrial

Total Annual Property Taxes Payable    \$ \_\_\_\_\_

Total Annual Property Taxes Charged to Charity (do not include GST)    \$ \_\_\_\_\_

Charity Proportionate Share of Rentable Space of Property    \_\_\_\_\_ %

**\*Please note:** Supporting documents for the total annual property taxes charged to the charity is required, for example a copy of your lease, a receipt, and/or a letter from your landlord.

Landlord or Property manager signature \_\_\_\_\_ Date (Yr./Mo./Day) \_\_\_\_\_

**Charity Declaration:**

I, the undersigned hereby certify that the information is true and complete to the best of my knowledge and belief.

Name of Authorized Officer \_\_\_\_\_ Authorized Officer \_\_\_\_\_  
(Print) (Signature)

Title of Authorized Officer \_\_\_\_\_ Date (Yr./Mo./Day) \_\_\_\_\_

<b>For Office Use Only</b>		Tax Roll No. _____
Verification of Property Commercial or Industrial	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Verification of Registered Charity Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Annual Property Taxes	\$ _____	
Paid by Charity	\$ _____	
Rebate Entitlement (40%)	\$ _____	
Recalculation	\$ _____	
Balance Payable (Recoverable)	\$ _____	
Completed By (print) _____	Date (Yr./Mo./Day) _____	

**Notice with Respect to the Collection of Personal Information**

Personal information on this form is collected under the authority of the Municipal Act 2001, SO 2001, c. 25 and will be used to process your Charity Rebate Application. Questions about the collection of this personal information only should be directed to the Manager, Property Tax and Assessment, Revenue and Materiel Management Division, City of Mississauga, 300 City Centre Drive, Mississauga, Ontario, L5B 3C1