



# Application for Property Tax Exemption

For Consulates under Article 32 of the Vienna Convention on Consular Relations

THE CITY OF CALGARY ASSESSMENT BUSINESS UNIT (8002) P.O. BOX 2100, STN.M CALGARY, AB T2P 2M5  
PH: 403.268.2888

In completing this application, it may be necessary to provide certain answers in an attachment, if sufficient room is not available. Please clearly mark your attachments with the section and question numbers you are answering. Thank you.

## I. PROPERTY INFORMATION

1. Name of non-profit organization holding and using the facility for which the exemption is requested.	Business Identifier (BID)
2. Address of property for which exemption is requested	
3. Name of property owner	
4. Address of property owner	
5. Telephone number of property owner	Email of property owner
6. Please identify the "Sending State" or government under which the consular post operates:	
7. Is the above property being used as a "consular premises" or "residence of the career head of a consular post" under Article 32 of the <i>Vienna Convention on Consular Relations</i> ? Please ensure a graphical map of the area is also included as requested in Section VII (6) of this application form. This map must clearly describe the area for which exemption is requested, as well as the uses that take place on separate parts of this area.	
8. A) Does the consular post occupy <input type="checkbox"/> the entire property <input type="checkbox"/> portion of the property B) For exactly how many square feet on this property is "exempt from taxation" status being requested? _____ Sq. Ft.	
9. A) Does your organization use a parking area on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No B) Please state the number of individual parking stalls or total size of your organization's parking area (square feet), and its purpose (e.g. customer parking, staff parking, etc.): Surface parking stalls _____ Purpose: _____ Underground parking stalls _____ Purpose: _____ Parking area _____ Sq. Ft. Purpose: _____ C) Does your organization lease or sub-lease parking spaces on this property to another party? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , please attach a current lease. D) Does your organization own or lease a parking area on another property to use in relation to this property? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , please attach a current lease or title.	
10. Is there a lease, license or permit in place that confirms the portion of the property occupied by the organization? Please include, if applicable, parking area lease information. <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide a copy.	
11. Will the consular post be located at this address from January 01 to December 31 during the current taxation year? <input type="checkbox"/> YES <input type="checkbox"/> NO  If yes, does the lease requested in question #10 confirm occupancy and termination dates? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please provide occupancy and termination dates.	

12. Is any portion of the area described in question #8 occupied or used by another organization or individual?

YES       NO

If yes, please provide details (e.g. copy of sublease(s))

## II. GOVERNMENT TENANT INFORMATION

1. Government under which consular post operates

2. Has a property occupied by the consular post received an exemption in previous years?

YES       NO

If yes, was it for this specific property?       YES       NO

If no, please provide the address(es) of your other exempt location(s)

Is the consular post still occupying space at this other location(s)?       YES       NO

If no, please provide the date the consular post moved out.

## III. RETAIL COMMERCIAL, LICENSED AREAS

1. Are any goods, food beverages or services sold from this location?       YES       NO

If no, go to question #6. If yes, please note that this area is termed a "retail commercial area".

2. Specifically, what goods or services are sold from the retail commercial area?

3. Who operates and occupies the retail commercial area?

- The Sending State making this application  
 Other organization or individual – please name

4. If the organization is the operator of this area, for what purpose is the net income from the retail commercial area used?

5. Are the goods or services provided in the retail commercial area in the facility similar to goods or services provided by other organizations or businesses?       YES       NO

If yes, please provide a list of these organizations or businesses.

6. Is an area within the facility licensed under the Alberta Gaming and Liquor Regulation AR (143/96)?       YES       NO

If yes, please specify and supply a copy of the licence.

### GAMING

### LIQUOR

Class

Area

Sq.Ft.

Class

Area

Sq.Ft.

## IV. CONTACT INFORMATION

Contact Name

Position With Sending State

Telephone

Email

Preferred Mailing Address

## V. OTHER REQUIRED INFORMATION

- Cover letter from the consular post or government requesting the exemption
- Current applicable lease, licence or permit
- Plan showing the uses of specific areas that clearly outline (hand drawn graphic plan is acceptable):
  - a. any separate areas and the different purposes for which they are used (e.g. the exempt purpose use, office storage, common area);
  - b. the “retail commercial area” if there is one; and
  - c. the Gaming and/or Liquor licensed area, if there is one.
- If leased, letter from property owner to the consular post that confirms the property owner:
  - a. is aware of this exemption application;
  - b. understands that, if the property qualifies for exempt from taxation status, The City will determine the amount of taxes attributable to the “exempt from taxation” portion of the property based on methodology that may be different from that used by the landlord; and
  - c. agrees to pass on to the consular post or government making this application the full benefit of any tax exemption extended as a result of this application.
- Additional information requested as part of any question posed on this application must be supplied.

### Important Notice

Information requested for the Property Tax Exemption Application is pursuant to Section 295 of the **Municipal Government Act (MGA)** whereby failing to provide adequate information you may lose your right to file a complaint against the taxable status of your business. If you do not submit a complete Property Tax Exemption Application with supporting documentation your property or business may be deemed taxable.

## VI. ACKNOWLEDGEMENT AND CERTIFICATION

I certify that I am authorized to submit this application on behalf of the Sending State of the consular post, 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 VIII of this application is included. I understand that the application will only be considered at such time as the responses to the application’s questions are complete in every respect and that all additional information requested as part of the application’s questions, or in Section VIII, have been provided. I understand also that the application will only be considered under the “exempt from taxation” classification to which it refers.

Name (Please Print)	Date
Position	Signature

**PLEASE RETURN THIS FORM TO:**

**THE CITY OF CALGARY  
 ASSESSMENT BUSINESS UNIT IMC: 8002  
 CUSTOMER & GOVERNANCE SERVICES  
 P.O. BOX 2100, STATION M  
 CALGARY AB T2P 2M5  
 PH: (403) 268-2888 OR EMAIL: [Assessment.Exemptions@calgary.ca](mailto:Assessment.Exemptions@calgary.ca)**

Information on this form and attachments is collected under the authority of the *Municipal Government Act s.295 RSA 2000, Community Organization Property Tax Exemption Regulation AR 281/98 s. 16, and the Freedom of Information and Protection of Privacy s.33(c) RSA 2000*. It will be used solely for the purpose of administrating the Tax Exemption Program of the City of Calgary Assessment. For information concerning the privacy of the information collected, please contact the Assessment FOIP Program Administrator at (403) 268-2888.