

Rate Exemption Application Form

This Application form is for those organisations seeking rates exemption under <u>section 6.26</u> of the *Local Government Act 1995*. All sections of this form must be completed and all additional documentation attached as requested. Failure to do so may result in the rejection of your application. A formal written response will be issued once the application has been processed.

All rates must be paid as assessed until such time as a decision has been reached.

All balances outstanding will accrue penalty interest.

| Property Details: | | |
|---------------------------|-------|--|
| Assessment No.: | _ | |
| Property Owners: | | |
| Property Address: | | |
| Owners Name: | | |
| Dootol Address | | |
| Phone: | - | |
| Fax: | - | |
| Mobile: | - | |
| Email: | | |
| Contact Person: | | |
| | | |
| Applicant Details: | | |
| Name of Organisation: | | |
| Postal Address: | | |
| Phone: | | |
| Fax: | | |
| Mobile: | | |
| Email: | | |
| Contact Person: | | |
| Position: | | |
| Date operation commenced: | | |
| | | |
| ABN: | | |

| Is the organisation the owner of the property? | Yes | No | |
|---|-----|----|--|
| Is the organisation an incorporated body? (If yes, please provide a Certificate of Incorporation) | Yes | No | |
| Does the organisation lease the property? (If yes, please provide a full copy of the lease agreement) | Yes | No | |
| Is the organisation "Not for Profit"? (If yes, please provide relevant taxation information) | Yes | No | |
| Does the organisation occupy the whole building? | Yes | No | |
| Is the exemption claimed over the whole of the property? (If no, please provide a copy of the floor plans showing the areas leased and/or areas claiming exemption). | Yes | No | |
| Is the organisation exempt from payment of rates under legislation other than the Local Government Act 1995? (If yes, please provide the details of the legislation). | Yes | No | |
| Does the organisation receive a tax exemption from the Australian Tax Office? (If yes, please provide tax exemption certificate). | Yes | No | |
| Does the organisation run any commercial activities at the property address? (If yes, please provide the information outlining the activities carried out at the property). | Yes | No | |
| Does the organisation receive income from the operation located at the property address? (If yes, please provide financial information of the income received). | Yes | No | |

Checklist:

Please provide the following:

- o A cover letter requesting rates exemption.
- o A copy of 2 years of audited financial statements.
- o A statement detailing the nature of the organisation's operations.
- o Provide an extract of the relevant certificate from the ACNC.
- A copy of the organisation's Constitution.
- o Any other relevant documentation.
- o Attached Statutory Declaration, duly completed.

Declaration:

| I/We | declare that the |
|------------------|---|
| answers, inforn | nation and documentation provided in this rates exemption application are |
| true and correc | t to the best of my/our knowledge and that the property usage for this |
| parcel of land o | considered in this application is as follows: |
| | |
| | |
| I am/we are au | thorised by the organisation to execute this document. |
| Name: | |
| Position: | |
| Organisation: | |
| Date: | |
| Signature: | |

Please return application to:

Post:

Rating Services Coordinator City of Bayswater PO Box 467 MORLEY WA 6943

OR

Email:

Mail@Bayswater.wa.gov.au

If you have any queries please contact the Rates Department on (08) 9272 0922.

WESTERN AUSTRALIA

OATHS, AFFIDAVITS AND STATUTORY DECLARATIONS ACT 2005 STATUTORY DECLARATION

| l, |
|--|
| {name, address and occupation of person making declaration} |
| sincerely declare as follows:- |
| |
| |
| |
| {insert content of the statutory declaration; use numbered paragraphs if content is long} |
| This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular. |
| This declaration is made under the Oaths, Affidavits and Statutory Declarations Act 2005 |
| at |
| in the presence of - |
| {Signature of authorised witness} |
| {Name of authorised witness and qualification as such a witness} |

{Signature of person making the declaration}

By

*Important This Declaration must be made before any of the following persons:-

Academic {post-secondary institution}

Accountant

Architect

Australian Consular Officer

Australian Diplomatic Officer

Bailiff

Bank Manager

Chartered Secretary

Chemist

Chiropractor

Company Auditor or Liquidator

Court Officer (Judge, Magistrate, Registrar or Clerk)

Defence Force Officer (Commissioned, Warrant or NCO (with 5 years continuous service))

Dentist

Doctor

Electorate Officer {State – WA only}

Engineer

Industrial organisation secretary

Insurance Broker

Justice of the Peace {any State}

Lawyer

Local Government CEO or Deputy CEO

Local Government Councillor

Loss Adjuster

Marriage Celebrant

Member of Parliament {State or Commonwealth}

Minister of Religion

Nurse

Optometrist

Patent Attorney

Physiotherapist

Podiatrist

Police Officer

Post Officer Manager

Psychologist

Public Notary

Public Servant (State or Commonwealth)

Real Estate Agent

Settlement Agent

Sheriff or Deputy Sheriff

Surveyor

Teacher

Tribunal Officer

Veterinary Surgeon

Or

Any person before whom, under the *Statutory Declarations Act* 1959 of the Commonwealth, a Statutory Declaration may be made.

FOR INFORMATION: Any authorised witness for the State of Western Australia may also witness a Commonwealth Statutory Declaration, as long as they are in Western Australia at the time of witnessing {schedule 2, item 231 of the *Commonwealth Statutory Declarations Regulations 1993*}.

IMPORTANT INFORMATION

AS OF 1 JANUARY 2006 THERE IS NO PROVISION FOR COMMISSIONERS FOR DECLARATIONS IN THE STATE OF WESTERN AUSTRALIA