# CITY OF VINCENT - APPLICATION FOR RATES EXEMPTION Local Government Act 1995 – Section 6.26



#### **Privacy**

The personal information collected on this form will only be used by the City of Vincent for the sole purpose of providing requested and related services. Information will be stored securely by us will not be disclosed to any third parties without your express written consent.

#### City of Vincent

244 Vincent Street PO Box 82, LEEDERVILLE WESTERN AUSTRALIA 6902 ABN: 62 191 132 542

Phone: (08) 9273 6000 Fax: (08) 9273 6099

Email: <a href="mail@vincent.wa.gov.au">mail@vincent.wa.gov.au</a>
Website: <a href="www.vincent.wa.gov.au">www.vincent.wa.gov.au</a>

This application form is to be used by organisations seeking exemption from rates, pursuant to the provisions of Section 6.26 of the Local Government Act 1995. In doing so you are objecting to the rate book under Section 6.76 of the Local Government Act 1995. The application for exemption will be checked based on the information you have provided, and you will be advised of the outcome in due course. Please attach any additional documents requested, as failure to do so may result in the application being refused.

Please note that where exemption from rates is approved, the property will still be subject to the Emergency Services Levy and any other service fees or charges, if applicable, such as rubbish collection charges. All properties granted exemption from rates are subject to periodic reviews to ensure continued approval.

**Instructions:** Please print clearly in the spaces provided.

1. PROPERTY ADDRES	S DETAILS			
Street address				
Suburb				
Rates Assessment Numl	ber (if known)			
2. WHAT IS THE CURR	ENT USE OF THE PROPERTY	Y? Please provide full	details:	
	PROVISIONS OF SECTION (			
	<u>-                                      </u>			

4. PROPERTY OWNER DETAILS Organisation:

Property Owner: if different to above			
Postal Address:			
	Post Code:		
Telephone:			
•			
Mobile:			
E-mail:			
5. APPLICANT DETAILS			
Contact Person:			
Position Title:			
Postal Address:			
r ostar Address.	Post Code:		
	Post code:		
Telephone:			
Mobile:			
E-mail:			
6. ORGANISATION INFORM	IATION		
Is/does the organisation:	per the Associations Incorporations Act 1987	Yes	No No
(WA)?	per the Associations incorporations Act 1907	. 03	
If yes, provide a Certificat	te of Incorporation		
5		.,	
Provide an extract of the	relevant certificate from the ACNC.	Yes	No No
	A T (ATO)2	v	
Have a tax exemption from the Australian Tax Office (ATO)?  If yes, provide a certificate of tax exemption from the ATO  No			□ No □
Loacing the property?		Voc	□ No □
Leasing the property? Yes  If yes, provide a copy of the lease.			No No
Have planning approval for the land use of the property?			
A site inspection may be required before the application is processed Yes No			No No

7. DOCUMENTATION REQU	JIREMENTS
Please provide a copy of (ir Organisation's Cons	n addition to those specified in Section 4): titution
Written statement of	outlining the nature of the Organisation's operations.
the Local Govern  Confirm the ground Government Act  Use and occupant land is occupied pursuant to an and lease, sublease of the service property of service property of service property of there is commercially where it is a plan of the property or confirmation of the property of confirmation of the property of confirmation of the property or confirmation of the property of confi	unds upon which an objection is being made to the rate record under Section 6.76 of ament Act 1995 unds upon which the exemption application applies under Section 6.26 of the Local 1995 ncy of the land, inclusive of date of commencement. What are the terms on which and are there any occupancy requirements or restrictions? If land is occupied greement, then copies of the full agreement should be provided (whether this is a or any other type of contract) provided (e.g. food, accommodation etc) vice provision (e.g. full-time, daily, weekly etc) and is received for the service and how those payments are used ercial activity conducted on the land, provide details of the activity and if revenue is
8. AUTHORISATION  By signing this application, I my knowledge.	hereby certify that the information provided is true and correct to the best of
Name: Position:	
Organisation:	
Signature of Applicant:	Date:
	,

## **OFFICE USE ONLY**

Approval with Town Planning Scheme?		YES	NO
Has the property been inspected?		YES	NO
Recommend for non-rateable status?		YES	NO
Applicant/Owner Name:			
Section of the Local Government	t Act 1995 6.26(2)		
Exemption Description:			
Reason for non-rateable status: New Application	Review of Exempt	ion	
Amount of rates to be exempted approval will be for a period of _			ation date). The
Amount:	Date (from	):	
Rubbish bin changes to be levied	d and dates to be applicab	le from:	
Amount:	Date (from	):	
. DECISION UNDER DELEGATED AUTH	ORITY		
This application has been:			
This application has been:	ORITY  APPROVED for partial non-rateable status		APPROVED for non-rateable stat
This application has been:  DECLINED for			
This application has been:  DECLINED for non-rateable status			
DECLINED for non-rateable status  Name:	APPROVED for partial non-rateable status		

## **WESTERN AUSTRALIA**

## OATHS, AFFIDAVITS AND STATUTORY DECLARATIONS ACT 2005

### **STATUTORY DECLARATION**

# APPLICATION FOR RATES EXEMPTION UNDER SECTION 6.26 OF THE LOCAL GOVERNMENT ACT 1995.

#### STATEMENT OF PROPERTY USE FOR THE YEAR ENDING 30 JUNE 20

(1) Christian name or names	(1)	
and surname of declarant in full	(1) I	
	(2)	
(2) Address	of	
3) Occupation	In the State of Western (3)	Australia
o) Cocapation	(0)	
Sincerely declare as follows:-		
The property located at		
is used by		
for the purposes of		
1		
Description of the activities the	ho	
property is used for	IC	
for the period << to >>	or from	to .
The applicant agrees to advise the	ne Local Government's Ra	ating Services Section as soon as there is <b>ANY</b> change to t
purpose/s as stated above.		
This declaration is made under the	Oaths, Affidavits and State	utory Declarations Act 2005
		(4) Signature of person making the declaration
Declared at		(4) Signature of person making the declaration
this day of	200	
In the presence of		
	uthorised witness)	(4)
(Name of authorised witness and witness)		