



APPLICATION TO CITY OF VIRGINIA BEACH FOR EXEMPTION FROM PERSONAL AND REAL PROPERTY TAXATION

Applicant Name - Corporation)	(Federal Tax ID#)
(Mailing Address)	(Business Address)
(City, State and Zip Code)	(City, State and Zip Code)
(Trade Name - DBA)	(Telephone)
(Facsimile)	(Email Address)

Please indicate if this is **New application** **Renewal application**

- Has this organization previously been exempted by the General Assembly or a local government body in Virginia? Yes No
- Is this organization exempt from federal income tax pursuant to IRS 501(c)? Yes No
- Is the organization chartered or incorporated under the laws of the Commonwealth of Virginia? Yes No If so, is it currently in good standing with the State Corporation Commission? Yes No
- Does any other individual, association or corporation occupy or use any part of the premises of any property for which exemption is sought? If so, give all details. Yes No
- Is any income derived from the use of any portion of the real property by other individuals or groups, whether considered as rent or reimbursement for necessary expenses for services incurred? Yes No
- Has the ABC Board issued a current annual alcohol beverage license for serving alcohol beverages to the organization for use on the property for which tax exemption is sought? Yes No
- Is the organization compliant with all city ordinances and regulations? Yes No
- Is this organization current on all taxes due to the City of Virginia Beach? Yes No
- Is the organization registered with the VA Department of Agriculture and Consumer Services? Yes No

1. Please describe the organization's mission.

- A copy of the organization's IRS determination letter exempting the organization from federal income tax.
- A copy of the organization's most recent audited financial statements (i.e., current balance sheet and income and expense statement for the organization's last fiscal period),
- A complete copy of any federal tax return (typically Form 990 or 990T) filed by the organization for the most recent year.
- A valid copy of a current government issued photo ID.

By submitting this application, the organization acknowledges that the application and supporting documents will be available for review by City staff, the City Council and the public.

As provided by Virginia Code §58.1-3651, no exemption shall be provided to any organization that has any rule, regulation, policy or practice that unlawfully discriminates on the basis of religious conviction, race, color, sex or national origin.

This form was prepared by _____, whose title with the organization is _____.

Signature: : _____
 ORGANIZATION: _____
 By: Name _____
 Title _____
 Telephone _____
 Email _____
 Date _____

STATE OF VIRGINIA
 CITY OF VIRGINIA BEACH, to-wit:

_____ being duly sworn, deposes and says that he/she is the _____ (title) of the _____ (legal name of ownership organization) named in the within entitled application; that he/she has read the foregoing information sheet and knows the contents thereof; and that the same is true to his own knowledge except as to the matters herein stated to be alleged upon information and belief, and as to those matters he/she believes it to be true.

(Signature of Officer)

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public

My Commission Expires _____

DISCLOSURE STATEMENT FORM

The completion and submission of this form is required for all applications wherein such applicant may utilize certain service providers or financial institutions, and the City seeks to know of the existence of such relationships in advance of any vote upon such application.

SECTION 1 / APPLICANT DISCLOSURE

Organization name: _____

SECTION 2. SERVICES DISCLOSURE

Are any of the following services being provided in connection with the applicant? If the answer to any item is YES, please identify the firm or individual providing the service:

YES	NO	SERVICE	PROVIDER (use additional sheets if needed)
<input type="checkbox"/>	<input type="checkbox"/>	Accounting and/or preparer of your tax return	
<input type="checkbox"/>	<input type="checkbox"/>	Financial Services (include lending/banking institutions and current mortgage holders as applicable)	
<input type="checkbox"/>	<input type="checkbox"/>	Legal Services	
<input type="checkbox"/>	<input type="checkbox"/>	Broker/Contractor/Engineer/Other Service Providers	

CERTIFICATION:

I certify that all of the information contained in this Disclosure Statement Form is complete, true, and accurate.

I understand I am responsible for updating the information provided herein if it changes prior to the Council action upon this Application.

APPLICANT'S SIGNATURE	PRINT NAME	DATE