## CITY OF MORDEN COMMERCIAL AND INDUSTRIAL TAX INCENTIVE PROGRAM

SECTION A APPLICANT INFORMATION
Name of Registered Property Owner(s)
Mailing Address of Property Owner
Phone Number
E-mail Address
SECTION B PROPERTY INFORMATION
Municipal Address of the Property Being Improved (include roll # and legal description if available)
What Type of Construction is the Application for? (ie. Addition, Renovation, New Construction)
What date did the project reach substantial completion?
Have you received and paid for your supplemental tax bill related to this property? Please include a copy of you supplemental tax bill with your application.



City of Morden 100-195 Stephen St, Morden, MB, R6M 1V3 Telephone: 204-822-4434

Fax: 204-822-6494

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In addition to those conditions stated in *By-Law No. 16-2022*, the applicant must comply with the following to be eligible for the tax incentive program:

- 1. All required permits, certificates, development agreements and other authorizations must be obtained before the development project commences construction in order to be eligible for financial assistance.
- 2. Before the application of the tax credit for financial assistance the property will be reassessed, that the property not be in arrears of taxes, utility charges or other payments owing to the City of Morden.
- 3. Applications and commencement of projects eligible under this by-law must be commenced within five years of the passing of this by-law to be eligible for the financial assistance program.

The undersigned hereby verifies that they have reviewed and understand By-Law No. 16-2022 and that the information provided in the application is true and accurate.

Applicant Signature

/ Applicante (tante)		, to priodite signature	Bate	
Submit Completed Forms to the Civic Centre at 100-195 Stephen St, Morden, MB, R6M 1V3 or by email to: info@morden.ca				
SECTION C *** FOR INTERNAL OFFICE USE ONLY ***				
	Year of application  Supplementary Tax Bill Paid  Utilities Paid  All Permits, Certificates and Condagreements Satisfied	litions of Sales Agreement/Developme	nt	
Appro	oved by (print)	Office Signature	Date	



Applicant Name (print)

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Date

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