



Print Form

PO Box 58  
Thunder Bay ON P7C 0A5  
1 866 400-2122  
1 888 321-6774 TTY

Application for Tax Rebate  
Vacancies in Commercial and Industrial Buildings  
Under section 8 of the Provincial Land Tax Act, 2006 and Part II of  
Ontario Regulation 229/09

Taxation Year Applied for:

Internal Use Only - Request No.

To apply for your tax rebate please submit this completed application to the ministry:

By Mail: Ministry of Finance  
Provincial Land Tax  
Box 58  
Thunder Bay ON P7C 0A5

In Person: Provincial Land Tax Office  
500 Donald Street East  
Thunder Bay Ontario

The **deadline** for submitting an application is **February 28** of the year following the taxation year to which the application relates. Applications received after this date will **NOT** be accepted. To be eligible for a rebate, a building or portion of a building must satisfy the conditions described in Category 1 or Category 2 below.

Eligibility and Exclusions (Please check to confirm your eligibility.)

Eligibility	Exclusions
<div>Category 1 - Buildings that are <u>Entirely</u> Vacant</div> <div><input type="checkbox"/> A whole commercial or industrial building will be eligible for a rebate if the entire building was unused for at least 90 consecutive days.</div>	<div>Was this a building or portion of a building:</div> <div><div>YesNo</div><div><input type="checkbox"/><input type="checkbox"/> used for <b>commercial</b> or <b>industrial</b> activity on a seasonal basis;</div><div><input type="checkbox"/><input type="checkbox"/> subject to a lease, the term of which had commenced during the period of vacancy, or</div><div><input type="checkbox"/><input type="checkbox"/> included in a subclass for vacant land during the period of vacancy.</div></div> <div>If you answered yes to any of the above, the property is not eligible for a rebate.</div>
<div>Category 2 - Buildings that are <u>Partially</u> Vacant</div> <div>A <b>suite</b> or <b>unit</b> within a <b>commercial</b> building will be eligible for a rebate if, for at least <b>90 consecutive days</b>, it was:</div> <div><input type="checkbox"/> unused; and</div> <div><input type="checkbox"/> clearly delineated or physically separated from the used portions of the building; and</div> <div><input type="checkbox"/> either <input type="checkbox"/> capable of being leased for immediate occupation, or</div> <div><input type="checkbox"/> undergoing or in need of repairs or renovations that prevented it from being available for lease for immediate occupation, or</div> <div><input type="checkbox"/> unfit for occupation.</div> <div>A <b>portion</b> of an <b>industrial</b> building will be eligible for a rebate if, for at least <b>90 consecutive days</b>, it was:</div> <div><input type="checkbox"/> unused; and</div> <div><input type="checkbox"/> clearly delineated or physically separated from the used portions of the building.</div>	

Property Information (Please complete the following information.)

Name of Owner	Roll Number		
	Telephone Number	Fax Number	
Legal Description			
Mailing Address - Number and Street		City, Town, Municipality	Province Postal Code
Representative/Agent Name (if applicable) (A Letter of Authorization signed by the owner must accompany the returned form.)			
	Telephone Number	Fax Number	
Mailing Address - Number and Street		City, Town, Municipality	Province Postal Code

Commercial Industrial	Description of Vacant Area (Include unit/suite number, floor number, building number. Attach sketch if necessary.)	Size of Vacant Area (Sq. Ft.)	Period of Vacancy (Must be at least 90 consecutive days.)						MPAC Use Only Assessment	Internal Use Only Amount of Tax Rebate
			From			To				
<input type="checkbox"/>	<input type="checkbox"/>	sq. ft.	Day	Month	Year	Day	Month	Year		
<input type="checkbox"/>	<input type="checkbox"/>	sq. ft.	Day	Month	Year	Day	Month	Year		
<input type="checkbox"/>	<input type="checkbox"/>	sq. ft.	Day	Month	Year	Day	Month	Year		
<input type="checkbox"/>	<input type="checkbox"/>	sq. ft.	Day	Month	Year	Day	Month	Year		

If additional space is required, please attach details on a new sheet.

Certification

I certify that the information contained in all pages of this form and attachments is true and correct.

Name of Applicant (please print)

Signature

Date

Position/Title

Do you have the authority to bind the corporation/owner and to certify that the information is true and correct?.....

YesNo

MPAC Use Only

Name of Assessor (please print)

Signature

Date

Subtotal from Additional Pages

Total