COBB COUNTY BOARD OF TAX ASSESSORS Application for Property Tax Exemption

Requested Tax Year(s):

Owner's Name (P	LEASE PRINT)	Address			City	State	Zip
c/o Me 736 W	obb County Boa eagan Knight hitlock Ave, Sui ta, Georgia 300						
		axable unless specifically ex tegory below that you belic			5-470.1 (item 16), o	or 48-5-470.2 (item 1	17).
(1)(A)	Public propert	hv					
(1)(D)	Property held	by a Georgia nonprofit o bunty, municipality, or so		come is exempt from	m federal income	e tax and <u>held exc</u>	lusively for the
(2)	All places of b						
(2)(A)	All places of r	eligious worship					
(2.1)(A)	agency, or as	wned by and operated ex an integrated auxiliary o	f the same when suc	h entity is qualified	as an exempt re	ligious organizati	on
(3)		wned by religious group s of purely public charity		ingle-ramily resider	ices <u>with no inco</u>	<u>ome derived</u> trom	tne property
(4) (5)	All property of	f nonprofit hospitals <u>use</u> laws of this state regula	d in connection with			estment purposes	and are
(6)		erected for and used as a				rning	
(7)		roperty held or used as e					ther seminaries
		nen the funds or property					
(8)	All real and pe	ersonal property when us	sed by or connected	with any public libra	ary, or any other	literary association	on
(9)		losophical apparatus, pa	intings, and statuary	of any company or	association kep	t in a public hall a	and not held as
(10)	merchandise i	for sale or gain					
(11)		sed in or which is a part	of any facility which	has been installed o	or constructed at	any time for the	nrimary
(11)	purpose of eli	minating or reducing air he purposes intended					
(12)		f a nonprofit home for th	e aged used in conn	ection with its opera	ation when the ho	ome has no stock	holders and no
		fit distributed to or for th					
		ınder the United States I					
(13)		f a nonprofit home for th					
		and there is no benefit to		and when the home	is qualified as a	n exempt organiz	ation under the
(4.4)(4)		Internal Revenue Code,					
(14)(A)		h is <u>owned by and used</u>					
		75 percent of the member		ire members of the	armed forces of	tne United States	and there is no
(4.4\/D\		private shareholders or h is owned by and used		ntorono organization	a which ic gualifi	ad as a nannrafit	E01 (a)(2)
(14)(B)		and which has been orga					
	from the federal government and other sources, making such aircraft airworthy, and putting such aircraft on display to the public for educational purposes						
(15)		ed by an historical benef	it association whose	founding organizat	ion received its	charter from the C	Seneral
	Assembly of C	Georgia <u>prior to January</u>	1, 1880 and used exc	lusively for charital	ble, fraternal, and	d benevolent purp	oses
(16)	Vehicles owne	ed by a school or educat	ional institution and	used <u>exclusively</u> for	r transporting <u>pe</u>	rsons with disabi	lities or
	disabled stude	ents <u>to or from</u> educatio	nal institutions when	the institution(s) is	qualified as an e	exempt institution	
(17)	Vans and buse	es <u>owned by</u> religious gr	oups and used <u>excl</u> u	<u>ısively</u> for:			
	(b) transpo	ntaining and operating e orting individuals to relig	ious services, OR	, , ,			
	(c) trips sp	onsored by the religious	group designed to p	promote religious, e	ducational or ch	aritable purposes	
(18)	A housing pro	ject that is subject to a p	orivate enterprise agr	eement with a hous	sing authority		
Complete this	sheet and attac	the applicable question	nnaire(s) as provide	d by the Board and	which is a part o	f this application.	Answer each
question using	additional she	ets of paper as necessa	ry. If this application	is for more than on	ne parcel, all use	d for the same pu	rposes, attach
		t is for more than one pa					
this applicatio	n and questionr	naire(s), (no facsimiles),	by April 1, of the year	r that you have indic	cated above.		-
Evtra	annlications car	n be obtained by calling th	ne office at 770-528-3	100 or by going to o	ur web site: wow	cobbassessor or	a
		, ,					-
		apply for tax exemption,					
		stionnaire(s) and the <u>yea</u> my knowledge and belie					ier iii tiiis
Applicant's na	me (printed)	Title Corre	espondence Mailing	Address	City	State	Zip
Cianatura			Data	Dhone No		Fox No	
Signature			Date	Phone No.		Fax No.	
E-mail Addres	•		Wob-sit-	•		D	ovisod 12/17/19

COBB COUNTY BOARD OF TAX ASSESSORS

Application for Property Tax Exemption

Questionnaire for a Veterans Organization Refurbishing, Operating and Displaying Military Aircraft

Nan	ne of owner:						
Тур	e of aircraft:						
Loc	ation (address) of property:						
Date	e acquired and from whom:						
1.	Is the owner exempt from federal income tax? If yes, please attach a copy of the IRS ruling and most recent IRS Forms 990 and 990T.						
2.	Is the owner qualified as an exempt veteran'sorganization under OCGA Section 48-7-25? If yes, please attach a copy of the certification from the Georgia Secretary of State.						
3.	Does the owner have a business license? Please provide a copy.						
4.	Is the aircraft being or has it been refurbished?						
5.	Is the aircraft airworthy?						
6.	Is the aircraft on display to the public for educational purposes?						
7.	Does the owner conduct any other activities on the property? If yes, please explain.						
8. 9.	Is any income distributed to stockholders or individuals? If yes, give detailed explanation. Are there any fees, dues or other charges for use of the property, services rendered or goods provided? If yes, please explain and provid a schedule of fees.						
10.	Has exemption from ad valorem taxation ever been denied for this property? If yes, give detailed information.						
11.	Are there any deed restrictions on the property? If yes, give detailed explanation.						
12.	Is there a cell tower or billboard on the property? If yes, indicate which						
own info	assist the Board in making its decision, <u>please attach copies of the following documents</u> in addition to the ones requested above which relate to the ner or the property: articles of incorporation, bylaws, financial statements, deeds, plats, pictures (inside & outside), personal property reporting form, rmational brochures, fee schedule and certificates of occupancy. Also, please attach any other information which you believe will help to establish the property is exempt from taxation.						
	ne of preparer Signature Date Phone. No.						