Application for mandatory or discretionary relief from non-domestic rates

Please use this form to apply for mandatory and discretionary relief, in accordance with sections 43 and 47 of the Local Government Finance Act 1988.

This application form should be used by registered charities, charitable organisations, and non-profit making organisations. If you are a charity, or a community amateur sports club, please complete and return this form with proof of your registration. If you are a non-profit making organisation, please complete and return this form with your last set of audited accounts.

If your application is successful, a revised bill will be issued detailing the reduced balance. If your application is unsuccessful, we will explain this in writing. Please note that your current rates remain payable while we consider your application.

For your information, it is our intention to conduct a review of relief once every two years. However, if your circumstances change following the completion of this form, and the subsequent award of relief you should inform us immediately.

Section 1: property details

Account number (you will find this on the rate demand):

Ratepayer’s name:

Address of rated premises:

Correspondence address (if different):

Owner details:

Description of rated premises (you will find this on the rate demand):

Rateable value (you will find this on the rate demand):

Your website address (if applicable):

What relief are you applying for?

[ ]  mandatory [ ]  discretionary [ ]  discretionary top-up

Section 2: about the organisation

What percentage of your members live in the district?

     %

Is it established or conducted for profit?

[ ]  yes [ ]  no

What are its main objectives?

Is it a registered charity?

[ ]  yes [ ]  no

If yes, give charity registration number:

What is the nature of the charity or organisation?

If the organisation is not a registered charity, is it treated as one for income tax/VAT purposes?

(for example, it has a letter from Her Majesty’s Revenue and Customs confirming the organisation’s status)

[ ]  yes [ ]  no

Is it a community amateur sports club?

[ ]  yes [ ]  no

If yes, give registration number:

Is your organisation affiliated to any other local or national organisations?

[ ]  yes [ ]  no

If yes, give names:

Do you actively encourage membership from particular groups in the community e.g. young people, women, older age groups, persons with a disability, ethnic minorities?

[ ]  yes [ ]  no

Does your organisation provide facilities that indirectly relieve the council of the need to do so, or enhance and supplement those that it does provide?

[ ]  yes [ ]  no

**For completion by charity shops only:**

Is new/purchased stock available for sale?

[ ]  yes [ ]  no

Approximately what level of goods for sale are new rather than donated goods?

Floor area      %

Stock area      %

Resale area      %

Does the new/purchased stock have any connection (for example, in its manufacture) with your charity and its purpose?

[ ]  yes [ ]  no

Is the new/purchased stock sold at full market value?

[ ]  yes [ ]  no

Section 3: about the premises

Is the premises used wholly or mainly for charitable purposes?

[ ]  yes [ ]  no

If yes, please describe the purposes:

Is a licensed bar provided at the property?

[ ]  yes [ ]  no

What training or education, if any, is available at the property?

Section 4: membership

What is the annual membership fee charged for:

Adults £

Juniors £

Family £

Is membership restricted by the votes of existing members?

[ ]  yes [ ]  no

If yes, provide details of the restriction:

State any other restrictions that exist on membership

From what geographical area is membership drawn?

**For completion by sports organisations only:**

How many of your members are:

Playing members

Non-playing members

Does your organisation pay any members for playing?

[ ]  yes [ ]  no

Any further comments or information:

Section 5: declaration

I confirm that all information given in this form is true to the best of my knowledge and belief. I understand if any information that I give is found to be inaccurate, my application will be disqualified with immediate effect.

Sign and print name:

Capacity in which signed:

Date:

Telephone number (daytime):

Email address:

**Return this form to:**

n-somersetNNDR@liberata.com or
North Somerset Council, Business Rates, PO Box 76, Town Hall, Weston-super-Mare, BS23 1YY