

# Business Rate Discretionary Relief Application Form

Please answer all the questions and sign the declaration at the bottom of the form.

Business Rates account number	
-------------------------------	--

Name of ratepayer	
-------------------	--

Type of company/business	
--------------------------	--

Contact telephone number	
--------------------------	--

Email address	
---------------	--

Is the company/business part of a group?

Yes

Name of group

--

No

Total number of employees in the company/business or group	
------------------------------------------------------------	--

Total annual turnover of the company/business or group – We may ask you to provide evidence of this figure.	£
-------------------------------------------------------------------------------------------------------------	---

Annual balance sheet total for last accounting year (for the company/business or group)	£
-----------------------------------------------------------------------------------------	---

Was the property empty on or after 01.04.2017?

Yes

Date from

--

Date to

--

No

I confirm the organisation named above has not received De Minimis aid in the last three financial years (the current and previous two financial years)

Yes

No

Please continue overleaf

---

---

If No to the previous question, I confirm that the organisation named above has received the following De Minimis aid in the current and last two financial years:

Organisation providing the assistance	Value of assistance	Date of assistance	Nature of assistance

(Please continue on a separate page if necessary)

## Declaration

I am authorised to sign on behalf of the organisation named above. I understand the requirements of the De Minimis (EC Regulations 1998/2006).

- I declare the information I have given on this form is correct and complete.
- I understand if I give information that is wrong you may take action against me.
- I agree to tell the Council within 21 days of any change in my circumstances that may affect my entitlement to rate relief.

Signed	
--------	--

Name	
------	--

Date	
------	--

Your position	
---------------	--

**Please return your completed application form to us at:**

Council Business Rates

Email Tel:

We will assess your entitlement and send you an amended bill if you qualify. You must tell us about any changes which may affect your entitlement to rate relief or an exemption. If you do not report a change, you may pay an incorrect amount for Business Rates and may even be investigated for fraud. If you would like more information on what changes to report please contact us.