

NATIONAL NON DOMESTIC RATE **APPLICATION FOR DISCRETIONARY RATE RELIEF**

Date:
 Account Reference:
 Property Reference:

Before completing this form, please ensure that your organisation meets the criteria by reading the council's Discretionary Rate Relief Policy (enclosed). If you think these may apply to your organisation please complete this form.

If you have any questions call Business Rates on (01772) 625238/9 or e-mail revenues@southribble.gov.uk

A. Details about your organisation	
Name of organisation	
Correspondence Address	
Telephone Number	
E-mail Address	

B. Details of the property for which relief is claimed	
Address	
Property Reference	
Property Description	
Rateable Value	
What is the purpose for which the property is used?	
Who is the owner of the property?	
If the organisation does not own the property do you	Occupy the premises rent free <input type="checkbox"/> Pay a nominal rent <input type="checkbox"/> Pay full commercial rent <input type="checkbox"/>
Is the property used wholly or mainly by your organisation?	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No' please give details of other users

C. Nature of the organisation

Is the organisation a registered charity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Registration No		Date Registered	
If exempt from registration, please state the reason						
Is the organisation a registered Community Amateur Sports Club?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'No' please state reason why registration has not been applied for, or if it has been refused			
Is the organisation non-profit making?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Is the organisation affiliated to any other organisations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes' please give details			
Is the organisation run on a voluntary basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				

D. Access / Membership

Is membership open to all sections of the community?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'No' please give details of any restrictions			
Is membership actively encouraged from particular groups in the area, i.e. people with disabilities, young people, senior citizens?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes' please give details			
Are the facilities made available to people other than members, e.g. schools, public sessions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes' please provide details and state whether there is a charge			
Does your organisation charge a membership fee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes' please give details of how much			
Are there fee reductions for certain groups, e.g. under 18's or over 60's?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes' please give details			
What percentage of your membership is drawn from the local authority area?						

E. Facilities

Does the organisation provide facilities which would otherwise not be available within South Ribble that are available to the community?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes' please give details			
Does the organisation meet the local needs within South Ribble and benefit the local community?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes' please give details			

Have any adaptations been made to the property to enable full disabled access?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes' please give details
Does the organisation undertake fund raising activities to finance its own expenses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes' please give details
Does the organisation provide education, training and coaching facilities to develop members / users skills?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes' please state if there is any additional costs and how much
Does the organisation operate a licensed bar facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes' please state how many days of the week the bar is open and if profits are fed back into the organisation for improvement
Does the organisation receive any grant aid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes' please give details
Does any grant received include an allocation for rates?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', how much

F. If there is any other information you want to mention to support your application, please give details below

PLEASE NOTE

A copy of the constitution, latest accounts and (where applicable) details of membership and subscriptions MUST accompany this application. Please indicate which documents you have enclosed to support your application.

- | | |
|---|---|
| <input type="checkbox"/> Rules | <input type="checkbox"/> Audited Accounts |
| <input type="checkbox"/> Constitution | <input type="checkbox"/> List of Fees/Subscriptions |
| <input type="checkbox"/> Memorandum/Articles of Association | <input type="checkbox"/> Other (please specify) |

DECLARATION

In my capacity as _____(office held) I am authorised to submit and sign this application on behalf of the organisation and I declare that the information provided is true and accurate to the best of my knowledge and belief.

Signed: _____ Dated: _____

- ▶ It may be necessary to confirm each year that the information you have provided on this form has not changed, so that any relief awarded may continue.
- ▶ Once completed and signed please return this form to:
Business Rates Section, Civic Centre, West Paddock, Leyland, Preston. PR25 1DH.