**National Non-Domestic Rates**

**Application Form Discretionary Rate Relief**

The reduction which you are seeking is awarded at the discretion of the Council. The Council needs to be satisfied that it has the resources to finance the relief that it grants and that it is reasonable to expect local council taxpayers to fund the local portion of any relief granted. In order for us to assess your eligibility for relief please complete all relevant questions. Please complete the form in black ink and return to the above address.

If you need any help in completing this form please contact our Customer Services team on 01635 519250 or email [businessrates@westberks.gov.uk](mailto:businessrates@westberks.gov.uk)

Please return the completed form accompanied by the following supporting information (if appropriate):

State Aid Declaration

Rules

Constitution

Memorandum/Articles of Association

Copies of your two most recent sets of audited accounts

Details of your fees/subscriptions

Any other supporting documents

Do you wish these documents to be returned to you? Yes/No *(please circle)*

**Details about you or your organisation**

|  |  |
| --- | --- |
| Your name or name of organisation |  |
| Correspondence address |  |
| Telephone number |  |
| E-mail address |  |
| Business rates account number (see bill) | 15\_ \_ \_ \_ \_ \_ |

**Details of property for which you are requesting relief**

|  |  |
| --- | --- |
| Property address |  |
| Property description (as shown on your bill) |  |
| Rateable value (as shown on your bill) |  |
| What is the property used for? |  |
| Who is the owner of the property |  |
| If you do not own the property do you | Occupy the premises rent free  Pay a nominal rent  Pay a full commercial rent |
| Is the property used by anyone else for any other purpose  If YES please give details | No  Yes |
| Is there are bar or gaming machine on the premises? If yes please give the percentage of total annual income which is derived from such facilities | Bar  Gaming machine  Neither  Percentage of total annual income \_\_\_\_\_\_\_\_% |

**About your organisation**

|  |  |
| --- | --- |
| Is your organisation  (Please supply your constitution or other relevant governing documents) | A registered charity  Exempt from registration as a charity  A Community Amateur Sports Club  A sporting organisation  Other |
| If you are a registered charity please provide the registration number |  |
| If your organisation is not a registered charity please give the reason why it is exempt from registration |  |
| If your organisation is not registered with the Inland Revenue as a Community Amateur Sports Club (which would entitle the club to 80% mandatory relief) relief will not be awarded unless good reason is given. Please give the reason why your organisation has not applied |  |
| Please confirm which of the following statements are correct | Our organisation is not established or conducted for profit  Our main objects are charitable  Our main objects are philanthropic  Our main objects are religious  Our main objects are concerned with education, social welfare, science, literature or the fine arts  Our property is wholly or mainly used for purposes of recreation and all or part of it is occupied for the purpose of a club, society or other organisation |
| Is your organisation affiliated to any other organisation? If yes please give details. | No  Yes |
| Does your organisation operate | At a national level  Only within Berkshire  Only within the West Berkshire district |

**If your organisation is a club or society or other organisation requiring membership, please supply the information requested in this section**

|  |  |
| --- | --- |
| Does your organisation have members | Yes  No |
| Does your organisation involve any of these community groups | Young people  Women  Senior citizens  Disabled  Unemployed |
| Is membership open to everyone, If not please supply information about what restrictions apply and the reasons for those restrictions | Yes  No |
| What percentage of your membership lives within the West Berkshire district? | \_\_\_\_\_\_\_\_% |
| Are your facilities made available to non-members, e.g. schools, public sessions? |  |
| Does the organisation provide facilities which would otherwise be unavailable within the district? |  |
| Is your organisation run on a voluntary basis? |  |
| Are subscriptions or fees set at a high level which excludes the general community? |  |
| Are there fees, reductions or other concessions for certain groups such as under 18’s, those in receipt of welfare benefits or the over 60’s |  |

**Financial Details**

|  |
| --- |
| To support your application you are asked to provide a copy of your audited accounts for the last two years. If your organisation runs a bar or has gaming machines on the premises you should also provide details of income and expenditure on these facilities if they are not separately identified in your accounts.  If you are affiliated to another organisation, please give details below as to whether or not you make contributions to the other organisation or receive monies from them.  If you are in receipt of grant income from West Berkshire Council. Please provide details below**.** |

**Other information – if there is any other information you want to provide in support of your application please give details here**

|  |
| --- |
|  |

**Declaration**

|  |  |
| --- | --- |
| I confirm that the details provided are correct to the best of my knowledge and belief. | |
| Signed: | Capacity in which signed |