Local Government Finance Act 1988 - Application for rate relief

Property Reference:
Account Reference:

This form must be completed if a charity, community amateur sports club (or any other organisation not established and conducted for profit) wishes to apply for mandatory and/or discretionary rate relief on a property within Durham County Council area. A separate application form is required for each property within the Council’s area.

Please return this form and any supporting information to: Durham County Council, Revenues and Benefits, PO Box 238, Stanley, Co Durham DH8 1FP or email to businessrates@durham.gov.uk

If you need any assistance in completing the form or require anything further please contact the Business Rates team on 03000 268 997.
## Section 1

1. **Claimants Details**
   - **Organisations Name**
   - **Organisation Contact Address**

2. **Address of the property for which you are claiming relief (if different from 1 above)**

3. **Is the organisation a registered friendly or industrial or provident society?**
   - **YES / NO**

   If **YES** please provide registration number and a copy of your letter from HMRC stating that your organisation is entitled to exemption from taxes under the provision of Section 505 of the Income and Corporation Taxes Act 1988.

4. **Is the organisation registered with the Charity Commission?**
   - **YES / NO**

   If **YES** please provide the Charity Commission registration number

5. **If the organisation is exempt from registration as a charity, please state below the grounds for exemption.**

6. **Is the organisation a registered Community Amateur Sports Club (CASC)?**
   - **YES / NO**

   If **YES** please provide CASC registration number

7. **What are the organisation’s main objectives and purposes?**

8. **Please provide details how your organisation is/will be beneficial to the local tax payer?**

9. **How long has the organisation been trading?**
Section 2

1. Please indicate below which type of relief you are applying or (tick all that apply)

Mandatory  Discretionary  Empty Property Exemption

2. Are you currently using the property?  YES / NO

3. If YES, what is the main use of the property?

4. If NO, Please answer the following questions, otherwise go to question 5

4a. Do you intend to use the premises yourself  YES / NO

If YES, please confirm for what purpose

When do you expect to begin using the premises
(Please provide any evidence to support this eg business plan, schedule of works etc)

If NO, are the premises for sale / let  YES / NO

If YES, are there any restrictions as to who can purchase or lease the premises  YES / NO

If YES, please provide full details

5. Are any part of the premises occupied or sublet to another organisation / company?  YES / NO

If YES please provide the following information, otherwise go to question 6

Name of occupiers

Details of areas occupied

Date they started to occupy those areas.

6. Is the property used for the sale of donated goods?  YES / NO

If YES what percentage of goods sold from the premises are donated?  %
### Section 3

This section is to be completed if the property is used for recreation purposes or as a meeting place for a club, society or association, otherwise go to Section 4.

1. Is membership open to all sections of the community irrespective of sex, ethnic origin, religion or any other possible discriminatory factor?  
   (If NO, please give details below of any restrictions.)  

<table>
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<th>YES / NO</th>
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2. Are facilities open to people other than members e.g. schools, casual public sessions etc (If NO, please give details below of any restrictions.)  

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<th>YES / NO</th>
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3. Does the organisation provide education/training or coaching?  
   (If YES, please give details below.)  

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4. What proportion of members live within Durham County Council Area?  

   |  
   |  

5. Are there any membership fees charged?  
   (If ‘YES’ please provide details below)  

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6. Is the organisation affiliated to any local or national bodies?  
   (If ‘YES’ please provide details below)  

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7. Does the organisation run a bar on any of its premises?  
   If YES, please confirm if the bar operates all year or is it restricted to seasonal/match days/events etc.  

   | All Year / Restricted |
Section 4

This section must be completed if you are applying for Discretionary Rate Relief, otherwise go to Section 5.

Please supply the following information in support of your claim.

- Memorandum, Articles of Association or Constitution
- The latest Annual Report
- The last two years professionally prepared accounts

In the case of a recently formed organisation / company please provide any financial information you have to date.

Any award of Discretionary rate relief shall comply with EU law on State Aid on the basis that, the ratepayer named on this application shall not receive more than €200,000 in total of De Minimis aid within the current financial year or the previous two financial years.

Please list all De Minimis aid received in the last three financial years. If you have not received any please state ‘none’.

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<th>Date of aid</th>
<th>Amount of De Minimis Aid</th>
<th>Organisation Providing Aid</th>
<th>Nature of Aid</th>
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Section 5
All applicants must complete this section.

Declaration

Please read the following carefully before signing:

I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me. This may include court action.

- You will use this information I have provided to process my claim for relief. You may check some of the information with other sources as allowed by law.

- You may use any information I have provided in connection with this claim and any other claim that I have made or may make. You may give some information to other organisations such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.

- This authority is under a duty to protect the public funds it administers, and may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for administering public funds for these purposes.

I know I must let the Council know immediately about any change in circumstances which might affect the claim. I declare the information I have given on this form is correct and complete.

Signature:………………………………………………………………………….. Date ……………………..

Print Full Name:………………………………………………………………………………………………

Capacity of person signing: Ratepayer / Managing Director /Treasurer /Co Secretary/Trustee

Delete as appropriate - Other please specify……………………………………………………………

Daytime Telephone Number ………………………………………………………………………

E-mail Address …………………………………………………………………………………………

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