

NATIONAL NON DOMESTIC RATE APPLICATION FOR MANDATORY RATE RELIEF

Name
 Address

Date:
 Account Reference:
 Property Reference

To qualify for mandatory relief, the property must be used wholly or mainly for charitable purposes and the organisation must be established for charitable purposes only or be occupied by any persons administering a trust established for charitable purposes only. If you think this 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 (see bill)	
Property Description (see bill)	
Rateable Value (see bill)	
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 or Community Amateur Sports Club (CASC) ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Registration No		Date Registered	
If exempt from registration, please state the reason						
Is the organisation established or conducted for profit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Is the organisation non-profit making?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Is the organisation run on a voluntary basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Please give the main objectives and purpose of the organisation?						

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

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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.