

APPLICATION BY CHARITABLE ORGANISATION FOR RATE RELIEF

1. Name and principal address of organisation	
2. Address of the property for which the organisation is requesting rate relief.	* * *
3. What is the property used for?	
4. If the property is empty, what does the charity intend to do with it?	
5. If the property is a charity shop, does it sell <u>ONLY</u> second hand/donated items?	YES/NO/NA (Delete as appropriate)
6. Is (or will) alcohol ever be available on the premises?	YES/NO (Delete as appropriate) (If the answer is YES then you must complete Q7. If the answer is NO then go to Q8.)
<p>7. Additional information required where either a licence exists, or may be granted, that permits alcohol to be available on the premises. Please read the following carefully before deleting either A or B.</p> <p>We will not reduce rate relief where a premises licence, club premises certificate or Temporary Event Notice exists, or may be granted under the Licensing Act 2003, provided alcohol is only available on occasions when the premises are used for a function to raise funds for the club or organisation.</p> <p>We will reduce relief where an organisations members have regular access to alcohol.</p> <p>(You must delete one of the following)</p> <p>a) I confirm that alcohol is (or will be) only available on occasions when the premises are used for a function to raise funds for the charity.</p> <p style="text-align: center;">OR</p> <p>b) I confirm that members have regular access to alcohol.</p>	

<p>8. Is the organisation registered with the Charity Commissioners/Chief registrar of Friendly Society or the Minister for Education?</p> <p>If YES, please state Registration Number.</p>	<p>YES/NO (Delete as appropriate)</p> <p>REGISTRATION NUMBER:</p> <p>_____</p>	
<p>9. If the organisation is exempt from registration, please state why?</p>		
<p>10. What are the main objectives and purpose of the organisation?</p>		
<p style="text-align: center;">DECLARATION</p> <p>11. I confirm that the information I have given in this application is correct and that, on behalf of the organisation, I am applying for rate relief.</p> <p>Signed: _____ Date: _____</p> <p>Name and title: _____</p> <p>Capacity in which signed: _____ Contact telephone No. _____</p> <p>E-mail address: _____</p> <p>Address for correspondence: _____</p>		
<p>Please return the completed application to Revenues Section, South Holland District Council, PO Box 8, Priory Road, Spalding, Lincs PE11 2XQ. If you need any advice on completing this form please telephone Business Rates on 01775 761161.</p> <p>Remember to tell us if there is a change of Treasurer/Secretary Thank you.</p>		
<p>FOR OFFICE USE ONLY</p>	<p>PRN</p> <p>ACC:</p>	<p>DESC</p> <p>RV</p>
<p>APPROVAL/REFUSAL RECOMMENDED BY:</p>	<p style="text-align: center;">%</p>	
<p>AUTHORISED</p>	<p>ACTIONED BY:</p> <p>DATE:</p>	