Application for Reduction or Remission of Rates Section 49, Local Government Finance Act, 1988

Rhondda Cynon Taf County Borough Council Business Rates, Council Offices, Bronwydd, Porth CF39 9DL Telephone 01443 425002 • e-mail revenues@rctcbc.gov.uk

A copy of the Council's Hardship Relief policy is available on the Council's website: www.rctcbc.gov.uk/businessrates

The Council has discretion under Section 49 of the Local Government Act, 1988, to reduce or remit the payment of non-domestic rates.

The Council will not award relief unless it is satisfied that:-

- 1. The ratepayer will suffer hardship if the Council does not do so; and
- 2. It is reasonable for the Council to award relief having regard to the wider interests of its Council Tax Payers.

To help the Council assess applications, Non-Domestic Ratepayers who wish to apply for this relief are required to: -

Complete the attached questionnaire and provide the following information and documentation: -

- (a) Copies of audited or certified profit and loss accounts and balance sheets for the last 3 years. If trading has been for a period less than 3 years all available accounts should be produced;
- (b) An up-to-date statement, prepared by an Accountant, showing the present financial standing of the business, including an Estimated Trading and Profit and Loss Account and Balance Sheet. (If this information cannot be provided, copies of the business bank accounts for the period since the last audited accounts, together with an estimate of business expenses for the same period);
- (c) A cash flow forecast, on a monthly basis, for the next twelve months.

All information and personal details will be treated in the strictest confidence.

N.B. Applications will be considered on their individual merits. The council may need further information to that requested above.

The information and completed questionnaire should be sent to the address at the top of this form.



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(Strictly Private And Confidential)

		Name and Address of business/property on which rates are payable:-			
. Nature of Business:					
Date the business comr	menced trading:				
Status of business, e.g.	Status of business, e.g., sole trader, partnership, private limited company, etc.:				
Ciacas of Sasinoso, e.g., solo trador, partiforsilip, private littlited corriparty, etc					
	Is the business/property part of a larger business or organisation, e.g., a branch or				
subsidiary? If so, give c	subsidiary? If so, give details.				
Cive details of all averses					
Give details of all owner	s/partners or directors:- Address	Position			
		Position			
Name How many people are e	Address employed at the address for the relief is be				
Name	Address employed at the address for the relief is be				
Name How many people are e	Address employed at the address for the relief is be				
Name How many people are e Do not include those in	Address employed at the address for the relief is be Q.6 above.				
How many people are e Do not include those in Full Time:	Address employed at the address for the relief is be Q.6 above.				
How many people are e Do not include those in Full Time:	Address employed at the address for the relief is be Q.6 above. Part Time:				

9.	Do you or any of your business partners receive any welfare benefits? Yes \(\square \) No \(\square \)				
	If so please provide full details below:				
10.	Give details of the amount and sources of income received by your non-business partner or spouse:				
11.	Give details of all personal capital, e.g., property, Bank/Building Society balances,				
	saving certificates, stocks/share, premium bonds, etc.:				
12.	Give details of any financial assistance or grants received from any public bodies,				
	e.g., Rhondda Cynon Taf County Borough Council, Welsh Government, etc.:				
13.	Please provide a statement in support of your application including any other relevant				
	information which you consider may assist the Council in determining your application.				
	Please indicate any other factors, other than financial, which affect the ability of your				
	business to pay its rates.				

4. Adc	lress of Property for which relief is claimed				
	Post Code				
e-	mail:				
5. Nan	ne of Contact Person & Telephone Number				
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Post Code					
e-	mail:				
	B. d. offer				
	Declaration				
	e that the information given in this form is accura	ate and correct to the	best of my		
nowled	dge and belief.				
igned:					
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osition	:	Date:			