Application for Mandatory/Discretionary Rate Relief

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

Date:

By Charities And Other Non-Profit Making Bodies (Local Government Finance Act 1988 (Sections 43, 45, 47, 48 & 64)) A copy of the Council's Discretionary Rate Relief Policy is available on the Council's website: www.rctcbc.gov.uk/businessrates Part 1 General Information								
							Rate Account No:	
							1. Name of Organisation	
Address of Property for which relief is claimed								
	Post Code							
3. Name of Contact Person & Telephone Number								
	Post Code e-mail:							
4. Address to which correspondence is to be sent								
	Post Code e-mail:							



Part 2 | Application for Mandatory Rate Relief (registered charities and similar bodies) ΝοП Yes | 1. Is the organisation in part (1) a registered charity (please tick) If yes what is the charity registration number? Yes L No Is it recognised as a charity for income tax purposes? (please tick) If the organisation is excepted from registration as a charity, please state reasons for this:-5. What are the main objectives of the organisation? For what purpose is the property for which relief is claimed used? 7. If any part of the property is used for a purpose other than the charitable objectives at (5) please give details here: ΝοП Yes L 8. (a) Is the property used wholly or partly as a shop? (please tick) Yes L No L (b) If yes, are the goods sold mainly donated? (please tick) 9. (a) Status of occupation (i.e.) leased, owned, rented, vacant) (b) If vacant, please state: Whether your organisation was the last occupier of Yes [_] No \square the premises (please tick) Whether your organisation intends to be the next occupier No Yes | | of the premises (please tick) (iiii) The date the property became vacant

F	rart 3 Application for Discretionary Rate Relief Alone (all other appli-	cants)	
1.	(a) How many members does your organisation have?		
	(b) If a sports club how many are non-playing members?		
2.	How many members live within the County Borough of Rhondda Cynon Taf?		
3.	What is your membership fee per year?	£	
4.	Is any category of person excluded from membership? (please tick)	Yes 🗌	No 🗌
5.	If you answered yes to question 4, please give further details here:		
6.	(a) If a club, are admission charges made for members or spectators? (please tick)	Yes 🗌	No 🗌
	(b) If yes, how much do you charge?	£	
7.	Is there a bar on the premises licensed for the sale and the consumption of alcohol? (please tick)	Yes 🗌	No 🗌
	(a) Please state the net profit from the bar (if any) given in the latest set of audited accounts	£	
	(b) Please state the gross income of your organisation given in the lat audited accounts and the date	est set of	
	£ Date		
	(c) Do you employ bar staff / professional entertainers? (please tick)	Yes 🗌	No 🗌

Declaration

I declare that the foregoing statements are correct to the best of my knowledge and I hereby undertake to inform the Council immediately should there be any change in the occupation or use made of the premises.

Please Note: In order for your application to be considered for Discretionary Rate Relief you must provide the following:-

- (1) A copy of your organisations latest set of Audited Accounts, and
- (2) A copy of your organisations written constitution

It would be helpful if you could include any other relevant information that may assist the Council in reaching its decision e.g. efforts by Sports Clubs to attract young people or disabled people into its activities.

Name	Position	
Signature	Date	

When you have signed and completed this application, please return it to the address on the front of this form.

Appeals Against the Director of Financial Services' Decision.

There is a right of appeal against the Director of Financial Services' decision on your organisation's entitlement to Discretionary Rate Relief. You should write to the above address within 28 days of being notified of the result of your application detailing the reasons for your appeal.

For Office Use Only				
Prop Ref No:	Rateable Value:			
A/C No:	Amount Payable:			
Relief Awarded				
Mandatory:	Discretionary:			
Claimant Informed:	Decision Date:			