

## **Application for High Street Rate Relief 2017/18**

1.	Account details for which relief is being claimed					
	Business Rates Account Ref Number:					
	Full Name of Ratepayer					
2.	Address of property for which relief is b	being claimed				
3.	Ratepayer's address (if different to abo	ove)				
4.	Please confirm how the property is use	ed, e.g. butcher, travel agent etc.				
5.		ly or mainly used for the sale of goods, food, drink or olic and is accessible to visiting members of the public				
	Yes No					
oeli	lieve that you may still qualify for the relief, p	oses listed in the High Street Rate Relief Guidance, but you lease detail below the type of business that is conducted council to inspect your property to clarify this.				

## 6. State Aid De Minimis Declaration

The award of this relief must comply with the EU law on State Aid. Under the De Minimis Regulations (EC 1407/2013) the ratepayer named overleaf should not receive more than €200,000 in total of De Minimis aid, including any rate relief awarded for this property, within the current financial year or the two previous financial years.

Please give details of any De Minimis aid received below:

Amount of De Minimis Aid	Period aid granted for	Organisation providing aid	Nature of aid

7.	Has your company or business received more than €200,000 in state aid including Retail Relief in the last three years? Please tick the relevant box.							
	Yes No							
	Should your circumstances change and you no longer meet the qualifying criteria, you must notify us so that the High Street Relief can be reviewed from the date the change occurred.							
3.	Do you want any resulting credit balance refunded or do you want any resulting credit balance rolled forward to your 18/19 rates account?							
9.	<b>Declaration:</b> By signing the form you agree that, to the best of your knowledge, the information contained on the form is complete and is not false. Wilfully making a false statement on the application form is an offence and may result in us taking legal action against you.							
	I declare that:							
	<ul> <li>I am authorised to sign on behalf of the ratepayer named overleaf.</li> </ul>							
	• The form is completed	correctly, to the best of n	ny knowledge.					
	• The ratepayer named overleaf shall not exceed its De Minimis threshold by accepting any high street rate relief granted.							
	Full Name							
	Signature			Date				
	Position in Organisation							
	Telephone Number							
	Email Address							

Please return the completed form to:

Rhondda Cynon Taf County Borough Council Council Offices, Bronwydd, Porth CF39 9DL

Tel: 01443 425002 | Email: revenues@rctcbc.gov.uk