

**Our Ref:**  
**Your Ref:**

**Customer Services**  
**Tel No 01229 404242**

**Date:**

## APPLICATION FOR MANDATORY RELIEF

Please use this form to apply for Mandatory Relief, in accordance with section 47 of the Local Government Finance Act 1988.

This application form should be used by charitable organisations and Community Amateur Sports Clubs, and should be returned no later than

If you are a Community Amateur Sports Club; please complete and return this form with proof of your registration and your latest audited accounts. If you are a Charity applying for Mandatory Relief; please complete and return this form.

Once your application is processed, a revised bill will be issued detailing the reduced balance.

If your circumstances change following the completion of this form, and the subsequent award of relief, please inform the council immediately.

If you require any assistance in completing this form, please call our Non-Domestic Rate Helpline on 01229 404242.

Yours Sincerely

Mrs K Tomlinson  
Revenues Specialist

PLEASE COMPLETE IN BLACK INK

Account Number:

(You will find this on the rate demand)

Ratepayer's Name:

Address of Rated Premises:

Correspondence Address:

(if different)

Owner details:

Description of Rated Premises:

(You will find this on the rate demand)

Rateable Value:

(You will find this on the rate demand)

Your website address: (if applicable)

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS AS FULLY AS POSSIBLE

If a question does not apply to you write "Not Applicable" in the space provided for your answer

1. What relief are you applying for?

Mandatory

Discretionary

Discretionary top-up

**About the Organisation**

2. What percentage of your members reside in the borough?

%

3. Is it established or conducted for profit?

**Yes / No**

(delete as appropriate)

4. What are its main objectives?

5. Is it a registered charity?

**Yes / No**

(delete as appropriate)

6. If Yes, please give charity registration number:

7. What is the nature of the charity or organisation?

8. If the organisation is not a registered charity, is it treated as one for Income Tax/VAT purposes?

**Yes / No**

(delete as appropriate)

9. If yes, please provide evidence.

(e.g. A letter from Her Majesty's Revenue and Customs confirming the organisation's status)

10. Is it a Community Amateur Sports Club (CASC)

**Yes / No**

(delete as appropriate)

11. If yes, please provide registration number:

12. Is your organisation affiliated to any other local or national organisations?

**Yes / No**

(delete as appropriate)

13. If yes, which one(s):

14. Do you actively encourage membership from particular groups in the community e.g young people, women, older age groups, persons with a disability, ethnic minorities?

**Yes / No**

(delete as appropriate)

15. Does your organisation provide facilities that indirectly relieve the Council of the need to do so, or enhance and supplement those that it does provide?

**Yes / No**

(delete as appropriate)

### **QUESTIONS 16-19 FOR COMPLETION BY CHARITY SHOPS ONLY**

16. Is new/purchased stock available for sale?

**Yes / No**

(delete as appropriate)

17. Approximately what level of goods for sale are new rather than donated goods?

Floor area	%	Stock area	%	Resale area	%
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18. Does the new/purchased stock have any connection (i.e. in its manufacture) with your charity and its purpose

**Yes / No**

(delete as appropriate)

19. Is the new/purchased stock sold at full market value?

**Yes / No**

(delete as appropriate)

**About the Premises**

20. Are they used wholly or mainly for charitable purposes?

**Yes / No**  
(delete as appropriate)

21. If yes, please describe purposes for which they are used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Is a licensed bar provided at the property?

**Yes / No**  
(delete as appropriate)

If Yes, please provide annual takings

£ \_\_\_\_\_

23. What training or education, if any, is available at the property?

\_\_\_\_\_  
\_\_\_\_\_

**The Membership**

24. What is the annual membership fee charged for:

Adults	£	Juniors	£	Family	£
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25. Is membership restricted by the votes of existing members?

**Yes / No**  
(delete as appropriate)

26. Please provide details of the restriction

\_\_\_\_\_

27. Please state any other restrictions that exist on membership?

\_\_\_\_\_  
\_\_\_\_\_

28. From what geographical area is membership drawn?

\_\_\_\_\_

**QUESTIONS 29-31 FOR COMPLETION BY SPORTS ORGANISATIONS ONLY**

29. How many of your members are:

Playing Members

Non-Playing Members

30. Does your organisation pay any members for playing?

**Yes / No**

(delete as appropriate)

31. Any further comments or information:

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**Declaration**

**I confirm that all information given in this form is true to the best of my knowledge and belief. I understand if any information that I give is found to be inaccurate, my application will be disqualified with immediate effect.**

**Signature:**

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**Date:**

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**Name:** (please print in block capitals)

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**Capacity in which signed:** (please print in block capitals)

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**Daytime Telephone Number:**

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**Email address:**

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