

## Business Rates Enquiry Form

Property Address: \_\_\_\_\_

Property Reference: .....

Date of Issue: .....

**Enquiries: Telephone: 01495 766125/766126**  
**e-mail: [revenues@torfaen.gov.uk](mailto:revenues@torfaen.gov.uk)**

If you are taking occupation of the premises please complete Section 1 and Section 3.

If you are vacating the premises please complete Section 2 and Section 3.

### Section 1: Occupation Details

a) Name of **occupier** responsible for paying **Business Rates**: \_\_\_\_\_

\_\_\_\_\_

b) If you are a registered company, please confirm:

Name of Company: \_\_\_\_\_

Company Registration Number: \_\_\_\_\_

Registered Office Address: \_\_\_\_\_

c) If you are a registered charity, please confirm Charity Registration Number: \_\_\_\_\_

d) Home address (if not registered as a limited company): \_\_\_\_\_

\_\_\_\_\_

e) Accountants address: \_\_\_\_\_

\_\_\_\_\_

f) Previous trading address: \_\_\_\_\_

\_\_\_\_\_

g) Date lease commenced (if applicable):

h) Date furniture/stock installed:

i) Name and address of property owner (if applicable): \_\_\_\_\_

\_\_\_\_\_

**Please proceed to Section 3**

### Section 2: Vacating Details

a) Name of **occupier** responsible for paying **Business Rates**: \_\_\_\_\_

\_\_\_\_\_

b) Date property was vacated including any effects removed:

c) If you are a registered company, please confirm:

Name of Company: \_\_\_\_\_

Company Registration Number: \_\_\_\_\_

Registered Office Address: \_\_\_\_\_

d) If you are a registered charity, please confirm Charity Registration Number: \_\_\_\_\_

e) Home address (if not registered as a limited company): \_\_\_\_\_

\_\_\_\_\_

f) Accountants address: \_\_\_\_\_

\_\_\_\_\_

g) New trading address: \_\_\_\_\_

\_\_\_\_\_

h) If you held a lease of the property, please confirm:

Has the lease expired: Yes/No. If No, date due to expire:

Name and address of property owner: \_\_\_\_\_

\_\_\_\_\_

### **Section 3: Declaration**

|                                                                                            |                         |                                                                                                                                           |
|--------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I declare that the information on this form is correct to the best of my knowledge.</b> | <b>Signed</b> .....     | <b>Date</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|                                                                                            | <b>Print Name</b> ..... |                                                                                                                                           |

Please return to Revenues & Benefits, Torfaen County Borough Council, Civic Centre, Pontypool, Torfaen NP4 6YB.