

Application for Mandatory/Discretionary Relief

By Charities and Other Non-Profit Making Bodies

Local Government Finance Act 1988 – Section 43, 45, 48 & 64

Business Rates Account Number (if known)		
Address of property claiming relief for		
	Postcode	
Description of property		
Name of contact person		
Correspondence address		
	Postcode	

Is the organisation a Registered Charity under the Charities Act 1960? or		YES ☐ NO ☐
Is the applicant registered with HMRC as a Community Amateur Sports Club?		YES ☐ NO ☐
If YES please supply registered number		
If the organisation is exempt from registration, please state reasons for exemption. If exempt because registered under the Friendly Societies Act, please provide registration number.		

What are the main objectives of the organisation?

THIS DOCUMENT IS AVAILABLE IN LARGER PRINT AND WELSH UPON REQUEST

You are welcome to correspond in Welsh or English / Mae croeso i chi ysgrifennu yn Gymraeg neu Saesneg
 Civic Centre, Pontypool, Torfaen NP4 6YB Tel· 01495 762200 Fax 01495 755513
 Y Ganolfan Ddinesig, Pont-y-pŵl Torfaen NP4 6YB Ffon 01495 762200 Ffacs 01495 755513
www.torfaen.gov.uk

For what purposes is the property used?	
Are the functions carried out at the property predominantly for the benefit of Torfaen residents or does it benefit residents outside the area?	
If any part of the property is used for a purpose other than for charitable purposes, please give details:	
Is the property used wholly or partly as a shop?	YES ☐ NO ☐
If YES are the goods sold mainly donated?	YES ☐ NO ☐
If NO state briefly how goods are acquired	
Is the organisation open to all sections of the community?	YES ☐ NO ☐
Does the organisation encourage membership from particular groups e.g. young people, disabled persons, elderly etc	YES ☐ NO ☐
If YES please provide details	
If NO please provide details on any restrictions	
Is the organisation drawn from people mainly resident in the Torfaen area?	YES ☐ NO ☐

If YES how many?		
Please give details below of classes of membership and numbers in each, (i.e. junior, senior, social, corporate)		
Class of Membership	No. of Members	Current Subscription
		£

How is membership determined? (i.e. by Committee Vote)	
Is the organisation established or conducted for profit?	YES ☐ NO ☐
Does the organisation pay out any dividends?	YES ☐ NO ☐
If YES please provide details	
Does the organisation run a bar?	YES ☐ NO ☐
If YES please state:	
The net profit, if any, as given in the last set of accounts	
Bar opening hours	
Type of bar licence held	

Are the organisation's facilities available to non-members?	YES ☐ NO ☐
If YES please provide details	
Does the organisation provide any education or training?	YES ☐ NO ☐
If YES please provide details	
Are you affiliated to any local or national organisation?	YES ☐ NO ☐

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If YES please provide details	
Do you receive financial assistance from any other organisation?	YES ☐ NO ☐
If YES please provide details	

Has your company or business received more than €200,000 in state aid including Rate Relief in the last three years?	YES ☐ NO ☐
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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 retail 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

Please indicate which type of relief you are applying for

Mandatory (available to registered charities only) – Entitled to 80% Relief.	YES ☐ NO ☐
Discretionary (available to registered charities for the remaining 20%, non registered charities and other non profit making organisations).	YES ☐ NO ☐

DECLARATION

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 hereby undertake to inform Torfaen County Borough Council immediately should there be any change in the occupation or use made of the premises.

I declare that:

- I am authorised to sign on behalf of the ratepayer named overleaf.
- The form is completed correctly, to the best of my knowledge.
- The ratepayer named overleaf shall not exceed its De Minimis threshold by accepting any relief granted.

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.
2. A copy of your organisations written constitution.
3. A statement giving details of the activities and work carried out at the premises.

It would be helpful if you could include any other relevant information that may assist the Council in reaching its decision.

Signature		Date	
Name		Position	
Contact telephone number		E-mail address	

When you have signed and completed this form please return to:

Revenues Section
Torfaen County Borough Council
Civic Centre
Pontypool
Torfaen
NP4 6YB

For any queries please either email revenues@torfaen.gov.uk or telephone (01495) 742379

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