

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):

Name of Organisation:.....

Address of Property for which relief is claimed:.....

.....

Description of Property:.....

Name of Contact Person:.....

Address to which correspondence is to be sent:.....

.....

1. Is the organisation a Registered Charity under the Charities Act 1960? YES/NO

If YES please supply Charity Number:

2. 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:

.....

.....

3. What are the main objectives of the organisation?.....

.....

4. For what purposes is the property used?.....

.....

.....

5. Are the functions carried out at the property predominantly for the benefit of Torfaen residents or does it benefit residents outside the area?

.....

.....

6. If any part of the property is used for a purpose other than for charitable purposes, please give details:

.....
.....

7. 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:.....
.....

8. Is the organisation open to all sections of the community? YES/NO

9. 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 detail any restrictions:.....
.....

10. Is the organisation drawn from people mainly resident in the Torfaen area? YES/NO

If YES how many:.....

11. 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 |
|---------------------|----------------|----------------------|
| | | £ |

12. How is membership determined? (i.e. by Committee Vote)

.....

13. Is the organisation established or conducted for profit? YES/NO

14. Does the organisation pay out any dividends? YES/NO

If YES please provide details:
.....

15. 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:

16. Are the organisation's facilities available to non members? YES/NO

If YES please provide details:

.....

17. Does the organisation provide any education or training? YES/NO

If YES please provide details:

.....

18. Are you affiliated to any local or national organisation? YES/NO

If YES please provide details:

.....

19. Do you receive financial assistance from any other organisation? YES/NO

If YES please provide details:

.....

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

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 |
|--------------------------|------------------------|----------------------------|---------------|
| | | | |
| | | | |
| | | | |

21. Please indicate which type of relief you are applying for.
(Delete as applicable)

Mandatory (available to registered charities only) – **Entitled to 80% Relief.**

Discretionary (available to registered charities for the remaining 20%, non registered charities and other non profit making organisations).

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 be 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.

Name.....Position.....

Signature.....Date.....

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

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

Tel: (01495) 742378
Fax: (01495) 766133