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**NATIONAL NON-DOMESTIC RATE**  
**MANDATORY AND DISCRETIONARY RATE RELIEF**  
**APPLICATION FORM**

Date:  
Address of Property:-

**Please complete and return this form to the Civic Centre as soon as possible. I will contact you regarding the outcome of your application in due course. In the meantime please continue to arrange for the payment of your rates in accordance with your latest rates bill.**

**SECTION 1.**

1. Is the Ratepayer a Registered Charity?  
(If the answer is NO please proceed to Section 2)
2. What is the registration number of the Charity?  
(Please provide a copy of your charity registration).
3. What are the main objectives of the Charity?
4. What are the main purposes for which the property is used?

Continued on next page

**SECTION 2. RATEPAYER / ORGANISATION DETAILS.**

1. Has the organisation named above been established or conducted for profit making purposes?

YES/NO

(Please provide a copy of the organisations latest annual report or accounts)

2. What are the main objectives of the organisation?

(Please provide a copy of the organisations written constitution or memorandum of association)

3. What are the main purposes for which the property is used?

4. Does the organisation have a membership list? YES / NO

If the answer to the above question is yes, please answer the following:-

(i) Is membership open to all members of the community? YES / NO

(ii) What is the current level of membership subscriptions?

(Please specify whether different levels of membership subscriptions apply to particular groups of people eg. elderly people, the unemployed, young people etc.)

5. Does the organisation allow the general public (non members) to use the facilities provided? YES / NO

What, if any, are the level of fees or charges to the general public?

( please specify whether the organisation actively encourages particular groups within the community eg. schools, young people, the unemployed, elderly people etc. to use the organisations facilities and are these groups allowed to use the facilities free or at a reduced charge?)

6. Does the organisation provide training or education for its members/users?. YES / NO

(please state what type of training or education is provided.)


7. Does the organisation run a licensed bar from its premises? YES / NO
8. Has the organisation received a grant or is the organisation receiving grant from this Authority?  
YES / NO
9. Is the organisation affiliated to any local or national body? YES / NO  
(please state the name of the body )

<b>SECTION 2. DECLARATION</b>	
<b>I declare that the information given on this form is correct to the best of my knowledge and belief.</b>	
<b>SIGNATURE of responsible individual.....</b>	<b>DATE.....</b>
<b>NAME of responsible individual in BLOCK CAPITALS.....</b>	
<b>CAPACITY IN WHICH SIGNED.....</b>	