

Guidelines and information for an Application for Reduction or Remission of Rates under Section 49 of the Local Government Finance Act 1988

The Council has the discretion to reduce or remit payment of non-domestic rates.

However, the Council may not act under Section 49 unless it is satisfied that:

1. the ratepayer would sustain hardship if the Council did not do so, and
2. it is reasonable for the Council to do so, having regard to the interests of persons subject to Council Tax.

To assist the Council when considering applications, non-domestic ratepayers who wish to apply are requested to:

- **Complete the attached questionnaire**
- **Supply the following information and documentation:**
 - Copies of your audited or certified profit and loss accounts and balance sheets for the last three years. If you have traded for less than three years, please send all available accounts. In addition, you may wish to send any other relevant information.
 - an up to date statement prepared by your accountant or business adviser, on the present financial standing of the business including Estimated Trading and Profit and Loss Accounts and Balance Sheet. (If this information cannot be provided, please supply copies of your business bank accounts for the period since your last audited accounts to date, together with an estimate of your business expenses covering the same period).
 - A cash flow forecast on a monthly basis for the next 12 months.

All information and personal details will be kept strictly confidential.

Each application will be considered on its own merits and the Council will decide what information is relevant in particular circumstances.

Application for Reduction or Remission of Rates under Section 49 of the Local Government Finance Act 1988

Reference Number:

Private and confidential questionnaire

1. Name and address of business/property on which rates are payable:	
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2. Nature of business:	
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3. Status of your business e.g. sole trader, partnership, private limited company etc		4. Date your business commenced:	
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5. Is the business/property part of a larger business or organisation, e.g. branch or subsidiary? If so, give details.	
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6. Give details of all owners/partners or directors:		
<u>Name</u>	<u>Address</u>	<u>Position</u>

7. How many people are employed at the address on which rates are payable (other than those included in Q.6):	Full Time:_____ Part Time:_____
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8. Period for which application is made for a reduction or remission of rates:	From:_____ To:_____
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9. If property is vacant, state date it became vacant:	
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If a **Sole Trader** or **Partnership** please complete Question 10, 11 and 12

10. Are you or any of your business partners in receipt of: Please provide details such as amount of award, start date of award and source and amount of other income
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Income Support	<input type="checkbox"/> - Details:
Family Credit	<input type="checkbox"/> - Details:
Disability Allowances	<input type="checkbox"/> - Details:
Pensions	<input type="checkbox"/> - Details:
Any other income	<input type="checkbox"/> - Details:

11. Give details of the amount and sources of income received by your non-business partner or spouse.

<u>Source of Income</u>	<u>Amount</u>	<u>Frequency (weekly etc)</u>

12. Give details of all personal capital including property, bank, building society balances, savings certificates, shareholders, premium bonds or any other form of capital holdings.

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13. Give details of any other grants or financial assistance received from any other public bodies e.g. Development Board for rural Wales, County Council, Small Firms Wage Subsidy.

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14. Provide a statement in support of your application and include any other relevant information, which you consider may assist the Council when considering your application. In particular, you should highlight any factors, other than financial, which affects the ability of the business to meet its liability for rates.

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15. Declaration: I declare that the information given on this form and the enclosed documents is correct to the best of my knowledge and belief.

Signed:		Date:	
Name in Full:		Telephone Number:	
Address to which correspondence should be sent:			