

10	To what extent will a reduction in the business rates payable enable the business to continue to trade?
11	<p>Would the closure of your business have an adverse affect on the residents of West Somerset due to the loss of a valued service? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please state how</p>
Other Information	
12	Please supply any further details you wish to include in support of your application

Declaration

I certify that the particulars given on this application form are correct to the best of my knowledge and belief. I understand that the Council may wish to carry out an inspection of the premises (by appointment) to verify eligibility for relief.

Name: _____

Address: _____

_____ Post Code _____

Signature: _____ Date _____

The completed form should be returned to:

WEST SOMERSET COUNCIL
 West Somerset House Killick Way Williton Taunton TA4 4QA
 T 01643 703704 F 01984 633022 DX 117701 WILLITON
 E customerservices@westsomerset.gov.uk W www.westsomersetonline.gov.uk

If you require more space for any of your answers, please attach on a separate sheet of paper

For Office Use Only

Date Issued:	Rateable Value: £
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Recommended Relief	Mandatory	%	Discretionary	%	Start Date:
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