



APPLICATION FOR HARDSHIP BUSINESS RATE RELIEF UNDER THE LOCAL GOVERNMENT FINANCE ACT 1988

Property Ref.																			
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1	Name of Applicant
2	Address of Applicant
3	Address of property for which relief is being claimed, if different from 2 above
4	Nature of Business
5	When did the business start trading
6	To qualify you must satisfy the Council that you will sustain hardship if relief is not granted. Please indicate below (and continue on page 2) the reasons why, in your opinion, any relief granted would be in the interest of the Council Tax Payers of West Somerset. This must include an assessment of the potential reduction in employment prospects and the general amenities of the area if your business were to close
6a	Please indicate below (and continue page 2) the reasons why, in your opinion, hardship is being sustained

THE FOLLOWING MUST BE INCLUDED WITH YOUR COMPLETED APPLICATION:

- a copy of your last completed year's audited accounts
- a statement and projection covering the current trading period

N.B. If there is anything special in your accounts that you would like to draw to the Council's attention, i.e. monies being set aside for a particular purpose, cash injections etc, please indicate below.

Declaration

I certify that the particulars given on this application form are correct to the best of my knowledge and belief

Name: _____

Signature: _____ Date _____

Capacity in which signed: _____

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

Question 6 (insert details)

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