



APPLICATION FOR DISCRETIONARY BUSINESS RATE RELIEF FOR NON PROFIT MAKING ORGANISATIONS/BODIES UNDER THE LOCAL GOVERNMENT FINANCE ACT 1988

Property Ref.																			
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1	Name of Organisation
2	Name and address to whom correspondence is to be sent
3	Address of property for which relief is being claimed
4	Is the property for which relief is being claimed used wholly or mainly by your organisation? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)
4a	If 'No' please give details of other users
5	Please state the purpose for which the property is used
6	To qualify for relief, you must satisfy the Council that you meet certain criteria. Please indicate against each of the criteria listed below those that apply to you and how you consider they are fulfilled by your organisation (If the space below is insufficient please continue on a separate sheet)
6a	The extent to which you are non-profit making. Please indicate the net profit made in the previous complete financial year. N.B. The fact that some activities, eg a bar, generate a surplus will not in itself disqualify you. The Council will take into account the scale of the surplus in relation to your overall activities, and the disposal of it
6b	The extent to which the rates are significant element in your overall ability to carry on your activities. What percentage are the rates of your gross expenditure.
6c	The contribution you make to the general amenities of the area

6d	The extent to which you members are drawn from residents of West Somerset. Please give an estimate of the percentage of your members that live in West Somerset ____%
6e	The inclusiveness of the criteria on which membership can be obtained. Is membership open to all? Please indicate the criteria which must be satisfied in order to obtain membership of your organisation / body
6f	The inclusiveness of any charging structure. What is your charging structure? Do you offer discounts for the young, elderly or unwaged? <i>N.B. The Council will take into account where membership is appropriate the extent to which the young, pensioners, and the unwaged are encouraged to participate in your activities</i>
6g	Does the business receive other financial assistance from either the Council or other grant making bodies? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' please state the amount received as a percentage of the business's gross income ____%
6h	How often, if at all, are your facilities made available to people other than just members?
6i	Whether you provide facilities which directly relieve West Somerset Council of the need to do so, or enhance or supplement those it does provide
6j	Whether you are affiliated to local or national organisations, eg local sports or arts council, or national representative bodies
6k	Any other matter(s) you wish the Council to consider

Declaration

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

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

Please provide a copy of your last set of annual accounts and balance sheet (financial projections and business plans will be accepted in the case of new businesses)

IF YOU REQUIRE MORE SPACE FOR ANY OF YOUR ANSWERS, PLEASE ATTACH ON A SEPARATE SHEET OF PAPER

This document can be made available in large print, Braille, tape format or in other languages upon request

For Office Use Only

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