

**Income & Awards**

01432 260373

businessrates@herefordshire.gov.uk

**APPLICATION FOR RATE RELIEF****Mandatory and Discretionary Application****Section 1 (About the ratepayer and the property)**

Name of ratepayer claiming relief: .....

Address of the property for which relief is being claimed: .....

.....

Business Rates Account Number: .....

Main objectives and purposes of the organisation (as defined by the Rules of Association or Charity Commission Registration):

.....

For what purpose is the property used? .....

If the property is used to run a charity shop, please state the percentage of donated goods which are sold:

.....

Is the organisation a registered charity or a registered community amateur sports club? Yes  No 

If yes, registered number: .....

If the organisation is exempt from registration as a charity please explain why: .....

.....

.....

.....

.....

How does your organisation benefit the people of Herefordshire? .....

.....

.....

Is your organisation run for profit? Yes  No Does the organisation provide welfare advice or support of a social welfare nature locally? Yes  No

**Discretionary Application only**

**Section 2 (Use of the property and membership)**

Does the organisation run a bar? Yes  No

If yes, please state how many hours per week the bar is open and what is the gross annual income from bar sales?

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How many members does your organisation have? .....

How many members are children (aged under 16)? .....

How many members live within Herefordshire? .....

How much does membership of your organisation cost for adults and children? .....

What restrictions, if any, do you have on membership? .....

Are the facilities made available to non-members including children? Yes  No

If yes, please provide details: .....

.....

Are the facilities funded by self-help or grant aid? Yes  No

**Please supply copies of the last two years' accounts. Summary details of accounts will be sufficient.**

**Section 3 (Declaration)**

I certify that the information given in this form is correct.

Signed ..... Date .....

Print Name .....

Capacity ..... Contact Phone Number .....

The completed form should now be returned to:  
Business Rates, Herefordshire Council, PO Box 224, Hereford, HR1 2XW.