## DEPUTY CHIEF EXECUTIVE (RESOURCES) DIRPRWY BRIF WEITHREDWR (ADNODDAU) Nigel Aurelius, CPFA



## Application for Mandatory/Discretionary Relief By Charities and Other Non-Profit Making Bodies

Local Government Finance Act 1988 - Section 43, 45, 48 & 64

Business Rates Account Number (if known)				
Address of property claiming relief for	Postcode			
Description of property				
Name of contact person				
Correspondence address				
	Postcode			
Is the organisation a Registered (	Charity under th	e Charities Act 1960? or	YES 🗆 NO 🗆	
Is the applicant registered with Club?	HMRC as a C	ommunity Amateur Sports	YES □ NO □	
If <b>YES</b> please supply registered n	umber			
If the organisation is exempt from because registered under the Frie		-	-	
What are the main objectives of the organisation?				

For what purposes is the property used?	
Are the functions carried out at the property predominantly for the benefit of To	orfaen
residents or does it benefit residents outside the area?	
If any part of the property is used for a purpose other than for charitable purpo	ses, please
give details:	
Is the property used wholly or partly as a shop?	YES □ NO □
If YES are the goods sold mainly donated?	YES □ NO □
If NO state briefly how goods are acquired	
Is the organisation open to all sections of the community?	YES □ NO □
Does the organisation encourage membership from particular groups e.g.	YES □ NO □
young people, disabled persons, elderly etc	
If YES please provide details	
If <b>NO</b> please provide details on any restrictions	
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If NO please provide details on any restrictions  Is the organisation drawn from people mainly resident in the Torfaen area?	YES 🗆 NO 🗆

If YES how many?					
Please give details below of class	sses of membership and	numbers in each, (i.e	e. junior, senior,		
social, corporate)					
Class of Membership	No. of Members	Current Subscription	า		
		£			
How is membership determined	? (i.e. by Committee Vot	e)			
Is the organisation established	or conducted for profit?		YES □ NO □		
	•				
Does the organisation pay out a	ny dividends?		YES □ NO □		
If YES please provide details					
Does the organisation run a bar	YES □ NO □				
Boos and organisation run a bar	•				
If <b>YES</b> please state:					
The net profit, if any, as given					
in the last set of accounts					
Bar opening hours					
Dar opening neare					
Type of bar licence held					
Type of bar licerice field					
Are the organisation's facilities available to non-members? YES □ NO □					
Are the organisation's facilities a		<b>5</b> :	YES 🗆 NO 🗆		
If VES places provide details					
If YES please provide details					
Does the organisation provide a	ny education or training	?	YES □ NO □		
If YES please provide details					
Are you affiliated to any local or national organisation?			YES □ NO □		
, 120 2 110 2					

f <b>YES</b> please provide de	etails			
Oo you receive financial	assistance from any oth	er organisation?		YES 🗆 NO 🗆
YES please provide de	etails			
				T
las your company or b าcluding Rate Relief in t	business received more he last three years?	than €200,000 in s	tate aid	YES 🗆 NO 🗆
JK Subsidy Control De	- alayatian			
	ief will be provided as a	subsidy by way of N	Minimal F	Financial Assist
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Mandatory (available to registered charities only) – Entitled to 80% Relief.	YES 🗆 NO 🗆
<b>Discretionary</b> (available to registered charities for the remaining 20%, non registered charities and other non profit making organisations).	YES 🗆 NO 🗆

## **DECLARATION**

By signing the form you agree that, to the best of your knowledge, the information contained on the form is complete and is not false. Wilfully making a false statement on the application form is an offence and may result in us taking legal action against you. I hereby undertake to inform Torfaen County Borough Council immediately should there be any change in the occupation or use made of the premises.

## I declare that:

- I am authorised to sign on behalf of the ratepayer named overleaf.
- The form is completed correctly, to the best of my knowledge.
- The ratepayer named overleaf shall not exceed its De Minimis threshold by accepting any relief granted.

**Please note:** In order for your application to be considered for Discretionary Rate Relief you **MUST** provide the following:

- 1. A copy of your organisations latest set of Audited Accounts.
- 2. A copy of your organisations written constitution.
- 3. A statement giving details of the activities and work carried out at the premises.

It would be helpful if you could include any other relevant information that may assist the Council in reaching its decision.

Signature			Date	
Name			Position	
Contact tele	ephone number	E-r	nail addre	ss

When you have signed and completed this form please return to:

Revenues Section
Torfaen County Borough Council
Civic Centre
Pontypool
Torfaen
NP4 6YB

For any queries please either email revenues@torfaen.gov.uk or telephone (01495) 742379