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| APPLICATION FOR RELIEF FROM RATES BY A CHARITY AND OTHER NON-PROFIT MAKING ORGANISATIONS  Local Government Finance Act 1988 (Sections 48, 45, 47 and 64) |

## DETAILS ABOUT THE ORGANISATION

|  |  |
| --- | --- |
| PROPERTY REF: | BILLING ACCOUNT REF: |

|  |  |
| --- | --- |
| 1. NAME OF ORGANISATION |  |

|  |  |
| --- | --- |
| 2. ADDRESS OF PROPERTY |  |
|  | POSTCODE: |

|  |  |
| --- | --- |
| 3. NAME OF CONTACT PERSON: |  |
|  | TELEPHONE NO. |

|  |  |
| --- | --- |
| 4. ADDRESS TO SEND CORRESPONDENCE TO: |  |
|  |  |
|  |  |
|  | POSTCODE: |

|  |  |
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| 5a). IS THE ORGANISATION AT (1) A REGISTERED CHARITY? YES NO | |
| IF YES – PLEASE PROVIDE THE CHARITY REGISTRATION NUMBER: |  |
| 5b). IS THE ORGANISATION AT (1) REGISTERED AS A COMMUNITY YES NO  AMATEUR SPORTS CLUB? | |
| IF YES – PLEASE STATE THE REGISTRATION NUMBER AND FORWARD A COPY OF YOUR REGISTRATION LETTER FROM THE INLAND REVENUE: |  |
| IF NO – HAS AN APPLICATION BEEN MADE FOR REGISTRATION? YES NO | |
| IF EXEMPT FROM REGISTRATION PLEASE STATE ON WHAT GROUNDS |  |

|  |  |
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| 6. IS THE ORGANISATION RECOGNISED AS A YES NO  CHARITY FOR INCOME TAX? | |
| 7. WHAT ARE THE MAIN OBJECTS OF THE ORGANISATION? |  |
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**DETAILS ABOUT THE PROPERTY**

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| 8. FOR WHAT PURPOSE(S) IS THE PROPERTY AT (2) USED?  (It is not sufficient to state the general purpose(s) of the organisation. Full and precise details of the activities carried out at the property must be given) |  |
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| 9. PLEASE STATE THE OCCASIONS WHEN THE PROPERTY IS USED FOR THESE PURPOSES, EG. 2 EVENINGS PER WEEK |  |
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| 10. IS THE PROPERTY USED WHOLLY OR PARTLY AS A SHOP? YES NO |

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| 11. IF SO, ARE THE GOODS SOLD MAINLY DONATED? YES NO |

## SPORTS / SOCIAL CLUBS ONLY QUESTIONS 12-21

**OTHER ORGANISATIONS PLEASE PROCEED TO THE DECLARATION AT 22**

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| --- | --- |
| 12(a) HOW MANY MEMBERS DOES YOUR ORGANISATION HAVE? |  |

|  |  |
| --- | --- |
| 12(b) IF A SPORTS CLUB HOW MANY ARE NON-PAYING MEMBERS? |  |

|  |  |
| --- | --- |
| 13. HOW MANY MEMBERS LIVE WITHIN SOUTH GLOUCESTERSHIRE? |  |

|  |  |
| --- | --- |
| 14. WHAT IS YOUR MEMBERSHIP FEE PER YEAR? | £ |

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| --- |
| 15. IS ANY CATEGORY OF PERSON EXCLUDED FROM MEMBERSHIP? YES NO |

|  |  |
| --- | --- |
| 16. IF YOU ANSWERED YES TO QUESTION 15 PLEASE GIVE FURTHER DETAILS HERE: | |
| PERSONS EXCLUDED | REASON |
|  |  |

|  |  |
| --- | --- |
| 17. IF A SPORTS CLUB, ARE ADMISSION CHARGES MADE FOR SPECTATORS | YES NO |

|  |  |
| --- | --- |
| 18. IS THER A BAR ON THE PREMISES LICENSED FOR THE SALE AND CONSUMPTION OF ALCOHOL? | YES NO |

IF THE ANSWER TO QUESTION 18 WAS YES, THEN PLEASE ANSWER QUESTIONS 19 TO 21

IF THE ANSWER WAS NO, GO STRAIGHT TO THE DECLARATION AT 22

|  |  |
| --- | --- |
| 19. PLEASE STATE THE NET PROFIT FROM THE BAR (IF ANY) GIVEN IN THE LAST SET OF AUDITED ACCOUNTS | £ |

|  |  |
| --- | --- |
| 20. PLEASE STATE THE GROSS INCOME OF YOUR ORGANISATION AS GIVEN IN THE LAST SET OF AUDITED ACCOUNTS, AND THE DATE | £ |

|  |  |
| --- | --- |
| 21. DO YOU EMPLOY BAR STAFF OR PROFESSIONAL ENTERTAINERS? | YES NO |

### **22. DECLARATION**

As the authorised representative of the organisation named at (1) on this form, I declare that the foregoing statements are correct to the best of my knowledge and belief and I hereby undertake to inform the Director of Finance immediately should there be any change in the occupation or use of the premises named at section (2).

|  |  |
| --- | --- |
| NAME: | POSITION: |
| SIGNATURE: | DATE: |
| Email address |  |

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| WHEN YOU HAVE SIGNED AND COMPLETED THIS FORM PLEASE RETURN IT TO:  South Gloucestershire Council  Chief Executive & Corporate Resources Department,  Revenue Services  PO Box 1953,  BRISTOL BS37 0DB |

**PLEASE INCLUDE WITH YOUR APPLICATION:**

**A COPY OF YOUR LATEST TRADING ACCOUNTS INCLUDING PROFIT AND LOSS AND A COPY OF YOUR ORGANISATIONS CONSTITUTION.**