


<p>Telephone: 020 8921 5221/5906</p> <p>Email: business-rates@royalgreenwich.gov.uk</p> <p>Account Number:</p>	 <p>ROYAL <i>borough of</i> GREENWICH</p> <p>Business Rates The Woolwich Centre 35 Wellington Street London SE18 6HQ</p>
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BUSINESS RATES CHARITY RATE RELIEF FORM

BUSINESS RATES CHARITY RATE RELIEF APPLICATION

Address _____

**Application form for registered charities
and other non-profit making organisations**

A copy of the latest set of audited or published accounts and a copy of the rules and constitution of the organisation must be submitted in support of this application

NAME OF THE ORGANISATION _____

IS THE ORGANISATION A REGISTERED CHARITY? YES / NO

IF YES, PLEASE GIVE THE REGISTRATION NUMBER _____

ARE YOU EXEMPT FROM REGISTRATION? YES / NO

IF YES, PLEASE GIVE THE REASON FOR YOUR EXEMPTION AND PROVIDE PROOF _____

DESCRIPTION OF PREMISES (Shop/Office etc) _____

PURPOSE FOR WHICH PREMISES ARE USED (If empty the next intended use) _____

ARE THE PREMISES OCCUPIED ONLY BY THE ORGANISATION? YES / NO

IF NO, PLEASE GIVE DETAILS OF THE EXTENT OF OCCUPATION BY OTHER ORGANISATIONS _____

IF THE PROPERTY IS NOT OWNED BY THE ORGANISATION PLEASE PROVIDE THE LANDLORD'S DETAILS _____

BUSINESS RATES CHARITY RATE RELIEF FORM**DETAILS OF THE CONSTITUTION AND ACTIVITIES OF THE ORGANISATION**

HOW WAS IT ESTABLISHED _____

WHEN WAS IT ESTABLISHED _____

WHAT ARE IT'S PURPOSES _____

TO WHAT EXTENT ARE THE MEMBERSHIP AND BENEFITS CONFINED TO LOCAL RESIDENTS _____

TO WHAT EXTENT ARE THE MEMBERSHIP AND BENEFITS AVAILABLE TO THE GENERAL PUBLIC _____

IS IT AFFILIATED TO ANY OTHER ORGANISATION? YES / NO

IF YES, PLEASE GIVE DETAILS _____

DO YOU RECEIVE A GRANT FROM THIS COUNCIL? YES / NO

IF YES, PLEASE GIVE DETAILS _____

DO YOU RECEIVE ANY STATE AID? YES / NO

IF YES, PLEASE GIVE DETAILS (Information on state aid is available at www.gov.uk/guidance/state-aid)

TYPE OF RELIEF APPLIED FOR: MANDATORY / DISCRETIONARY / BOTH

TICK BOX TO SHOW THAT YOU HAVE ENCLOSED:

 A COPY OF THE LATEST SET OF AUDITED OR PUBLISHED ACCOUNTS A COPY OF THE RULES AND CONSTITUTION OF THE ORGANISATION**DECLARATION**

The information provided is to the best of my knowledge accurate and complete. I understand that the council may check the details given by asking for additional information. You are required to notify the council of any changes in the status of the organisation within 7 days.

SIGNATURE _____ DATE _____

NAME _____ POSITION HELD _____

CONTACT ADDRESS _____

TELEPHONE _____ EMAIL _____

Please return this application as soon as possible to the Business Rates Section