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| Application for Small Business Rates Relief  |
| 1 |  |
| Name of Ratepayer |  |
| Address of Property for which relief is required |  |
| Telephone number |  |
| Fax number |  |
| Email address |  |
| Rateable Value |  |
| Business Rates Account Number |  |
| Property Reference Number |  |
| **Full** Period for which relief is required (if you are unsure please contact the Business Rates Section) |  / / to / / (DD / MM / YYYY) (DD / MM / YYYY) |
| 2 |  |
| Do you have, or have you had, a non-domestic rates liability at any other property anywhere in England during the period for which relief is required? **YES NO** (please tick)If ‘YES’, please provide the following details for each property for which you have a Business Rates Liability (please continue on the back of this form if necessary). |
| Full Postal Addressincluding post code | Property Reference Number(as shown on your rates bill) | Has the property beenor will it become occupiedduring the period of relief? |
|  |  | YES NO **If yes, please give exact** **date occupied.** |
| **Declaration** |
| **Signature:** | **Date:** |
| Name in full (please print) |  |
| Home AddressUse this address for correspondence? Please tick: Yes No  |  |
| Telephone Number |  |
| Capacity in which signed(please tick) |  | Ratepayer (Sole trader) |  | Ratepayer (Partner) |
|  | Other (please state) |  | Director |  | Trustee |