



**NATIONAL NON DOMESTIC RATES**

**APPLICATION FOR CHARITABLE RATE RELIEF - LOCAL GOVERNMENT FINANCE ACT 1988**

NAME: \_\_\_\_\_

ADDRESS CLAIMING FOR: \_\_\_\_\_

ACCOUNT REFERENCE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Please tick relief required:

I/we wish to claim 80% mandatory relief under Section 43 (5&6)  
For the occupied property shown in the particulars of claim

I/we wish to claim 100% mandatory relief under Section 45A  
For the empty property shown in the particulars of claim

I/we wish to claim Discretionary relief under Section 47, the amount of  
which, if any, will be determined by Denbighshire County Council

**\*\*\* PLEASE PROVIDE A COPY OF YOUR CONSTITUTION AND YOUR PROFIT AND LOSS TRADING  
ACCOUNTS FOR THE LAST 2 YEARS IN SUPPORT OF THIS APPLICATION \*\*\***

PARTICULARS OF CLAIM

1) Is the applicant registered with the Charity commission under the Charities Act 1960? YES / NO

OR Is the applicant registered with HMRC as a Community Amateur Sports Club? YES/NO

If YES, please state registered number: \_\_\_\_\_

If exempt from registration please state grounds: \_\_\_\_\_

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2) What are the main objects and purposes of the organisation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) Is the organisation established or conducted for profit? \_\_\_\_\_

\_\_\_\_\_

4) Is the organisation affiliated to any other local or national organisation? YES / NO

If "YES", please give details: \_\_\_\_\_

5) Please state what the property is wholly or mainly used for: \_\_\_\_\_

\_\_\_\_\_

6) Are the premises used for any purpose other than those of the claimant? YES / NO

If "YES", please give details: \_\_\_\_\_

\_\_\_\_\_

7) Are appropriate checks carried out on staff and volunteers? YES / NO / NA

If "YES", please give details: \_\_\_\_\_

\_\_\_\_\_

8) MEMBERSHIP DETAILS:

a) Is membership of your organisation open to all sections of the community? YES / NO

b) If membership is restricted, please state the conditions of membership and/or reason for restriction:

\_\_\_\_\_

\_\_\_\_\_

c) If membership fees/charges are made, please state the amounts involved:

\_\_\_\_\_

d) Are any particular sections of the community actively encouraged to become members e.g. disabled persons, young people, women, retired, etc?

\_\_\_\_\_

e) Are the facilities of the organisation available to non-members? YES / NO

If "YES", please give details: \_\_\_\_\_

\_\_\_\_\_

f) How many members are currently registered? \_\_\_\_\_

g) Do all members currently reside in the County? YES / NO

If "NO", please state number of members resident outside County: \_\_\_\_\_

h) Does the organisation draw its members from a particular geographical area within the County? YES / NO

If "YES", please state the area(s) involved: \_\_\_\_\_

\_\_\_\_\_

9) FACILITIES OFFERED BY THE ORGANISATION:

a) Does the organisation provide training or education for its members? YES / NO

If "YES", please give details: \_\_\_\_\_

\_\_\_\_\_

b) Are there any schemes offered to particular groups to develop their skills e.g. schemes for the disabled, retired, young people, etc?

\_\_\_\_\_

c) Have the facilities been internally financed e.g. membership fees and fund-raising or has the organisation received assistance in the form of grants?

\_\_\_\_\_

d) Is a licensed bar provided? YES / NO

If "YES", are both members and non-members allowed access to the bar. If they are, please state below the numbers:

Members: \_\_\_\_\_ Non-Members: \_\_\_\_\_

10) GENERAL:

a) Would the granting of discretionary relief enable the organisation to expand the range of facilities currently on offer? YES / NO

If "YES", what additional facilities would be offered? \_\_\_\_\_

\_\_\_\_\_

- b) Are there any points that you wish to draw to the attention of the Council in support of your claim for discretionary relief? (Please continue on separate sheet if required)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The information supplied will be used for the processing of NNDR, Council Tax, Housing Rents and Benefits where appropriate.

Ratepayers are reminded if they have a change of circumstances that would affect the amount of relief being received, it must be reported to the Revenues Department within 21 days of the change.

#### DECLARATION

I/we declare that the above information is accurate and complete to the best of my/our knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Capacity in which signed: \_\_\_\_\_  
(Hon. Secretary / Treasurer, Chairman, etc)

PLEASE RETURN THIS FORM, UPON COMPLETION, TO –

Denbighshire County Council  
Business Rates  
Russell House  
Churton Road  
Rhyl  
LL18 3DP