

**Application for Mandatory/Discretionary Relief**

**By Charities and Other Non-Profit Making Bodies**

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

<b>Business Rates Account Number (if known)</b>		
<b>Address of property claiming relief for</b>		
	<b>Postcode</b>	
<b>Description of property</b>		
<b>Name of contact person</b>		
<b>Correspondence address</b>		
	<b>Postcode</b>	

Is the organisation a Registered Charity under the Charities Act 1960? or	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
Is the applicant registered with HMRC as a Community Amateur Sports Club?	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
If <b>YES</b> please supply registered number	
If the organisation is exempt from registration, please state reasons for exemption. If exempt because registered under the Friendly Societies Act, please provide registration number.	

<b>What are the main objectives of the organisation?</b>

**THIS DOCUMENT IS AVAILABLE IN LARGER PRINT AND WELSH UPON REQUEST**

You are welcome to correspond in Welsh or English / Mae croeso i chi ysgrifennu yn Gymraeg neu Saesneg

Civic Centre, Pontypool, Torfaen NP4 6YB Tel: 01633 644630

Y Ganolfan Ddinesig, Pont-y-pŵl Torfaen NP4 6YB Ffon 01633 644630

[counciltax@monmouthshire.gov.uk](mailto:counciltax@monmouthshire.gov.uk)

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

If <b>YES</b> how many?		
Please give details below of classes of membership and numbers in each, (i.e. junior, senior, social, corporate)		
Class of Membership	No. of Members	Current Subscription
		£

How is membership determined? (i.e. by Committee Vote)	
Is the organisation established or conducted for profit?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does the organisation pay out any dividends?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If <b>YES</b> please provide details	
Does the organisation run a bar?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If <b>YES</b> please state:	
The net profit, if any, as given in the last set of accounts	
Bar opening hours	
Type of bar licence held	

Are the organisation's facilities available to non-members?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If <b>YES</b> please provide details	
Does the organisation provide any education or training?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If <b>YES</b> please provide details	
Are you affiliated to any local or national organisation?	YES <input type="checkbox"/> NO <input type="checkbox"/>

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If <b>YES</b> please provide details	
Do you receive financial assistance from any other organisation?	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
If <b>YES</b> please provide details	

Has your company or business received more than €200,000 in state aid including Rate Relief in the last three years?	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
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**UK Subsidy Control Declaration**

I understand that the relief will be provided as a subsidy by way of Minimal Financial Assistance (MFA). I confirm that, in claiming this relief, I shall not receive more than £315,000 in total of MFA over three years

Please give details of any Minimal Financial Assistance received below:

Amount of Minimal Financial Assistance	Period aid granted for	Organisation providing aid	Nature of aid

Please indicate which type of relief you are applying for

<b>Mandatory</b> (available to registered charities only) – <b>Entitled to 80% Relief.</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>Discretionary</b> (available to registered charities for the remaining 20%, non registered charities and other non profit making organisations).	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>

**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.

<b>Signature</b>		<b>Date</b>	
<b>Name</b>		<b>Position</b>	
<b>Contact telephone number</b>		<b>E-mail address</b>	

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

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

For any queries please either email [counciltax@monmouthshire.gov.uk](mailto:counciltax@monmouthshire.gov.uk) or telephone 01633 644630

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