

Tŷ Penallta,
 Parc Tredomen,
 Ystrad Mynach,
 Hengoed CF82 7PG

Penallta House,
 Tredomen Park,
 Ystrad Mynach,
 Hengoed CF82 7PG



Cyfarwyddwr Corfforaethol – Addysg a Gwasanaethau Corfforaethol
Corporate Director – Education and Corporate Services

www.caerffili.gov.uk | www.caerphilly.gov.uk

Business Property Address:

Date issued:
 Property Ref. No:
 Property Description:
Account No:

Please write in BLOCK CAPITALS.
 Any question that cannot be answered in the space provided should be answered on a separate sheet, which should be signed and dated by the applicant. If you would like more information or help with the form please contact the Control/NNDR Team at the above address.

**NON-DOMESTIC RATE
 APPLICATION FOR MANDATORY AND/OR DISCRETIONARY RELIEF**

When completed, please return the application to the Control/NNDR Team at the above address.

Does this application relate to:

*(Please tick one or both boxes as appropriate – please see the **Guidance Notes** at the end of this form)*

- (a) A claim to be entitled to an 80% mandatory reduction of rates under Section 43(6) of the Local Government Finance Act 1988 **AND/OR**
- (b) A request for discretionary relief of rates under Section 47 of the Local Government Finance Act 1988

1 (a)	Name or Title of Organisation:	..... ..... .....
1 (b)	Name and address of secretary or person responsible to whom future correspondence should be addressed: Telephone no. (in case of query):	..... ..... ..... Post Code
2	Full address of premises in respect of which relief is sought:	..... ..... .....
3 (a)	Is the organisation registered as a charity?	YES <input type="checkbox"/> NO <input type="checkbox"/>

3 (b)	If YES, please give details of registration (i.e. registration number and date of registration):	..... .....
3 (c)	If NO, has an application been made for registration under the provisions of the Charities Act 2011?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3 (d)	If it is claimed that the organisation is a charity but that registration is not necessary, please state why the charity is exempted or excepted from registration:	..... ..... .....
3 (e)	Is it recognised as a charity for Income Tax purposes?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4	List the main objectives of your organisation and explain in detail how it uses the property, e.g. what activities take place there? (You may prefer to provide a separate document giving a detailed answer to this question)	..... ..... ..... .....
5 (a)	Is membership open to all sections of the community?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5 (b)	Does your organisation actively encourage membership from particular groups, e.g. young people, disabled, senior citizens? If so, please give details:	..... ..... .....
5 (c)	Does the organisation provide training or education for its members? If so, please give details:	..... ..... .....
5 (d)	Scale of membership fees or subscription fees:	..... .....
5 (e)	Scale of admission charges:	..... .....
5 (f)	Composition of membership:	No. of Adults No. of Juniors (under 16 years)
5 (g)	In the case of sports clubs:	No. of Playing members No. of Social members

5 (h)	From what geographical area(s) is membership mainly drawn?	..... .....
6	Please explain how the activities of your organisation particularly benefit residents of the county borough:	..... ..... .....
7	Is your organisation affiliated to any national or local organisation? If so, please give details:	..... ..... .....
8 (a)	Are you occupying the premises or is it empty?	OCCUPIED <input type="checkbox"/> EMPTY <input type="checkbox"/>
8 (b)	If you are occupying the premises, please tick the nature of your legal interest in the property:	<input type="checkbox"/> OWNER <input type="checkbox"/> LEASEHOLDER
9 (a)	Is the premises licensed under The Licensing Act 2003?	YES <input type="checkbox"/> NO <input type="checkbox"/>
9 (b)	Is the premises made available to people who are not members, e.g. schools etc ? If YES, please give details:	YES <input type="checkbox"/> NO <input type="checkbox"/>
10	Please give details on how the present facilities have been funded? For example, self-help, grant aid, any other means:	..... ..... ..... ..... ..... .....

I declare that the information given in this form is correct to the best of my knowledge and belief and I understand that I must advise the Council immediately if any of the circumstances change. I authorise the Council to undertake any inspection and/or checks to verify the details of this claim. I consent to the information being processed for the purposes stated in the data protection statement on the next page.

Name (BLOCK CAPITALS) Signature

Capacity in which signed Date

