

Revenues Department  
 Newcastle under Lyme Borough Council  
 Castle House  
 Barracks Road  
 Newcastle under Lyme  
 Staffordshire  
 ST5 1BL



Name:	Date:
Address:	Property Ref:
	Account Ref:

**BUSINESS RATES DISCRETIONARY RELIEF**

**PART 1**

Full name of Organisation		
Correspondence address		
Address of property for which you are claiming relief.		
Is the Organisation a Registered Charity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the registration number
If exempt, please say why.		
Is the Organisation a Registered Amateur Sports Club?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the registration number
Does the Organisation own the premises? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
If tenanted, please provide the name and address of the landlord		
Do you have sole use of the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please give details
What is the property used for? (eg. office, shop, drop-in centre, etc.)		

**PART 2**

What are the main objectives of your Organisation?	
How do you achieve them?	
Is the Organisation affiliated to any local or national organisations?	

Does your Organisation have any formal links with Newcastle under Lyme Borough Council or other local organisations/agencies?  Yes  No

If yes, please give details...

Does your Organisation provide training, coaching or education?  Yes  No

If yes, please give details...

### PART 3

Does your Organisation have members? (if no, go to Part 4)  Yes  No

How are members accepted into the Organisation? (e.g. application, nomination, election, etc.)

What percentage of your members are residents of Newcastle under Lyme?

Does your Organisation have any disabled members?  Yes  No

Can non-members use the facility?  Yes  No

If yes, please give details...

### PART 4

How is your Organisation funded? (Fees, grants, etc.)

Do you charge membership fees?  Yes  No

If yes, please give details

Does your Organisation run a licenced bar?  Yes  No

If yes, when is the bar open?

Are any wages/salaries paid by your Organisation?  Yes  No

If so, please provide details of who receives them. (admin staff, players, etc.)

**Please forward your latest audited accounts. If your organisation is not a registered charity, please also enclose your memorandum of Association or a copy of the Rules/Constitution of your organisation**

### DECLARATION

*I declare that the information given on this form is correct to the best of my knowledge. I am aware that to make a false statement is a serious offence and it is the Council's policy to prosecute where any statement can be proven to be false. In certain circumstances a penalty may be imposed where a false statement leads to a loss by the Council.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

**For more information contact tel: 01782 715500 or email: [rates@newcastle-staffs.gov.uk](mailto:rates@newcastle-staffs.gov.uk)**