Business Rates Pub Relief Application Form



Non-Domestic Rates PO Box 1310 Sheffield S1 1UY

| Please return the completed form a 1 About the property | nd any relevant | evidence t | to the | address | above. | | |
|--|---------------------|--------------------|--------|----------------------|------------|----------|----------|
| | | Γ | | | | | |
| Account number | | | | | | | |
| Property Reference | | | | | | | |
| Name (or company name if registered) | | | | | | | |
| Address for which you wish to claim relief | | | | | | | |
| What type of business are you operating at the property? | | | | | | | |
| Does the business (or associated business) currently have entitlement to any other business rate relief? | | | Yes | | No | | |
| If you answered "Yes" to the above what property | ve, please conf | firm what b | usine | ess rate r | elief, how | / much | and for |
| 2 State Aid (Financial assis | stance from | a public | body | /) | | | |
| Have you or any company with received, or expect to receive, and financial year or in the previous 2 fi | | | No | | | | |
| If you answered 'Yes' to the above De Minimis Aid | e, please provic | le details b | elow | of the p | revious ai | d receiv | ved unde |
| Organisation providing the assistance/aid | Value of assistance | Date o assistan | - | Nature of assistance | | | ce |

| | | | | | | _ | | |
|--|-----------------------------|----------|----------|----------|---------|--------|--|--|
| 3 Declaration | | | | | | | | |
| Please answer all of the question read and understood this application | | ation in | order to | indicate | that yo | u have | | |
| I am the ratepayer, or I am author the ratepayer | orised to sign on behalf of | Yes | | No | | | | |
| The information I have provided is correct to the best of my knowledge and belief | | | | No | | | | |
| I will inform the Business Rates section immediately if circumstances change that may affect the ratepayer's eligibility for the relief (e.g. you vacate the premises, there | | | | No | | | | |
| is a change of direction for the but De Minimis threshold) | | | | | | | | |
| If granted, I confirm that if I receive the Business Rate Relief, it will not exceed the De Minimis threshold or | | | | No | | | | |
| breach the requirements of the D Consequently in respect of the E entitled to De Minimis Aid | • | | | | | | | |
| I confirm that I understand the Regulations have been breache granted, together with any addition | d the ratepayer may be req | uired to | | | | | | |
| Signature | | | | | | | | |
| | | | | | | | | |
| Full name and position in the organisation | | D | ate | | | | | |
| | | | | | | | | |
| Telephone number | | | | | | | | |
| Email address | | | | | | | | |
| For further guidance regarding eligibility for this relief please refer to the | | | | | | | | |

No

Yes

Is the business applying for rate relief in financial difficulty?

For further guidance on State Aid Rules please refer to www.gov.uk/guidance/state-aid

Council's Discretionary Relief Policy at www.sheffield.gov.uk/businessratesrelief