



Financial Services, PO Box 722, Poole Dorset BH15 2YE
Tel: (01202) 634234 **Minicom Tel:** (01202) 743636
Fax: (01202) 633150 **Email:** financialservices@poole.gov.uk
24 hr Automated Payments Line: (01202) 672932

Application For Non Domestic Rate Relief Under The Local Government Finance Act 1988

Ref:

1. Name and Address of Charity or Organisation

2. Particulars of property in respect of which claim is made	
<i>Occupier (Also name of owner when not in occupation)</i>	<i>Address of property</i>

3. Main objects of the Charity/Organisation

4. For what purpose is the property mainly used?	
If the property is currently unoccupied please state when it	
<i>a) Was last occupied</i>	<i>b) Will next be occupied (if known)</i>

5. Is the organisation a registered Charity?

NO YES

Registered number of Charity

a) If exempt or excepted from registration under the 1960 Charities Act then please give full details

6. Is the property a charity Shop?

YES NO (If NO go to question 7)

a) Is it wholly or mainly used for the sale of goods donated to the Charity?

YES NO (If NO please give details on a separate sheet or paper)

b) If new goods are sold what percentage are they in relation to donated goods?

 %

c) Are the proceeds from the sale of the goods used for the purpose of the charity?

YES NO (If NO please give details on a separate sheet or paper)

d) Does the charity wholly or mainly benefit the residents of Poole?

YES NO (If NO please give details on a separate sheet or paper)

7. Section under which relief is being claimed:

a) Sections 43 (5&6), 45 (5&6) Mandatory

YES NO

b) Sections 47, 48 Discretionary

YES NO

Applications for Discretionary relief should be accompanied by

a) The memorandum and Articles of Association or Rules of the Association, and

b) Copies of accounts, and balance sheets for the last two years.

You will then be contacted again regarding your application.

I hereby certify that the particulars given above are correct to the best of my knowledge and belief

Signed _____ Print name _____

Position _____

Address for correspondence (If different from property address)

Daytime telephone number

Please send completed forms to:
**Financial Services, Borough of Poole, P.O. Box 722,
Civic Centre, Dorset BH 15 2YE**