Application for Discretionary Rate Relief for Charitable & Other Organications

Application for reduction of National Non-Domestic Rate under Section 47 of the Local Government Act 1988.

	Name of Organisation:				
	Name/address and contact number of secretary or other officer or agent:				
	Details of premises in respect of which relief is sought:				
	(a) Description:				
	(b) Address of premises:				
	(c) Name of actual occupier:				
	(d) Purpose for which premises are used:				
	(e) Terms of tenancy of premises:				
	(f) Are the premises used for any purposes other than those of the organisa	tion? YES / NO			
	(g) If any part of the premises is let or used by any other persons or organisa give details and state the income derived:	ations, pleas			
	(If more than one hereditament (property) is involved, please give the above details on a separ property separately assessed).	rate sheet for e			
	Is the organisation registered as a charity:				
	(a) by the Charity Commission?	YES / NO			
	If YES, please provide Registered Charity Number:				
	(b) by the Minister of Education?	YES / NO			
	If YES, please give details:				
	Is it recognised as a Charity for income tax purposes?	YES / NO			
	If NOT registered as a Charity:	YES / NO			
	(a) has application been made for registration?				
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BOROUGH COUNCIL
Banstead I Horley I Redhill I Reigate

7.	Please indicate by marking an "X" the man	in objects of the organisation:			
	(a) Charitable	(e) Philanthropic			
	(b) Religious	(f) Educational			
	(c) Social Welfare	(g) Science, Literature or Fine Arts			
	(d) Recreation/Leisure				
8.	Is the organisation established or conducted for profit to shareholders for redistributing to members				
	of the organisation?		YES / NO		
9.	Do you <u>actively</u> encourage participation from particular groups in the community, i.e. young women, older age groups, persons with disability, ethnic minorities, etc.?				
	YES / NO If YES, please state which groups:				
		7:			
10.	What percentage of the people who use your organisation is drawn from within the Borough of Reigate and Banstead?				
MI	EMBERSHIP				
11.	Are facilities open to all sections of the co	ommunity at reasonable times?	YES / NO		
CC	MMUNITY USE				
		n members of the organisation, e.g. schools,	oosual nublic		
1 &.	sessions, etc. at reasonable times?	in members of the organisation, e.g. schools,	-		
	If VES list organisations using facilities and	state number of uses per annum for each:	YES / NO		
		r			
	If NO, please say why:				
13.	Does the organisation provide training or education for its members? Are there schemes for particular groups to develop their skills, e.g. young people, the disabled, retired people, etc.?				
			YES / NO		
Se	ction B : To be completed by Charity Sh	10ps ONLY			
	If a charity shop, are the goods wholly or mainly donated and the profit used for charitable purposes?				
	- •	• •	YES / NO		
	Please estimate in respect of donated goods,	_			
		(c) % of profit:			
	(b) % of floor space allocated:	(d) % of turnover:			

Now complete Section D 2

	ction C: To be completed by Sports Clubs and Other Clubs ONLY (e.g. Scouts, Brov Is your organisation registered as a Community Amateur Sports Club (CASC)?	YES / NO	
	If not, are you undergoing this process with the Inland Revenue?	YES / NO	
	If refused by the Inland Revenue, please give reason(s):		
16.	Does your organisation have membership fees?	YES / NO	
	If YES, please enclose details.		
17.	Do you offer reductions in membership fees (e.g. unemployed, OAPs, people on benefits	, etc.)?	
	If YES, provide number of members in each category and estimate % of total membership	YES / NC	
18.	Is it affiliated to any other organisation?	YES / NC	
	If YES, please give details:		
	If NO, is there no appropriate affiliation available?	YES / NC	
19.	Does your Club provide a bar?	YES / NO	
	If YES, please provide the current price list.		
Se	ction D : To be completed by ALL applicants		
FU	NDING/FINANCING		
20.	Please state your organisation's financial reserves as at the end of the last financial year a copy of your latest audited accounts. ${\mathfrak t}$		
21.	Please list any fundraising activities undertaken during the last financial year, including grant applications and state amounts raised.		
22.	Please indicate whether your organisation is seeking funding from other sources for the curre financial year, e.g. Surrey County Council, Sports Council, Grant giving organisations, CASC, etc.		
23.	Have any of your organisation's facilities been provided by self-help and/or grant aid?	YES / NO	
	If YES, please give details:		

COUNCIL PRIORITIES

as appropriate.	
Corporate Plan Quality of Life Objectives	
■ caring for the environment	
■ safer communities	
■ improving travel	
■ prosperous local economy	
balanced housing provision	
■ healthy living and leisure	
Community Plan Objectives	
■ caring for the environment	
■ creating a safe place to live, work and visit	
■ tackling traffic problems	
■ helping older people to stay independent	
providing facilities/opportunities for young people	
providing low cost housing	
making it easier to find out about services and how to get help	
■ raising levels of learning and skills	
helping families with young children	
25. Please set out below any other information i support of the local community (attach a separ	n support of your application, including work done in ate sheet if necessary):
CERTIFICATE TO BE COM	MPLETED BY ALL APPLICANTS
	o the best of my knowledge and belief and that the premises in Sections 43(6), 45(6) or 47(2) of the Local Government
Signature:	
Capacity in which signed:	Date:
Constitution Latest Audited A	Accounts Regulations
Bar List (if appropriate)	Membership Fees (if appropriate)

24. Please indicate how the grant will contribute to the Council's Corporate Plan/Community Plan Priorities

Please return completed application form and documentation to:

Carole Finbow, Senior Local Taxation Officer, Reigate & Banstead Borough Council, Town Hall, Castlefield Road, Reigate, Surrey RH2 0SH. If you have any queries, please contact Mrs. Finbow on 01737 276532.