

## National Non-Domestic Rate Application for Discretionary Rate Relief

Section 47, Local Government Finance Act 1988, as amended by Section 69 of the Localism Act 2011.

To apply for relief, the information requested below must be provided. The completed form should be returned to Business Rates Section, Finance and Business Services Directorate, P.O.Box 30, Town Hall, Preston PR1 2GD.

Please use additional sheets where necessary.

The billing authority may make the decision (to award relief) only if it would be reasonable to do so having regard to the interests of persons liable to pay council tax to it. Therefore the information and answers you provide in support of your application must focus on the benefits it will bring to the council tax payers of the City Council.

N.B. A copy of the last three years audited accounts, cash flow statement, and business plan (including projections and costings) must accompany this application. Your application will not be considered if these are not provided.

| Full Name and Address to which rate bills and all correspondence should be sent. Please include telephone number and email address. |  |
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|                                                                                                                                     |  |
| Address of property for which relief is claimed.                                                                                    |  |
| What activities does your company undertake?                                                                                        |  |
| What in your view, is the contribution that your organisation makes (or will make) to the area?                                     |  |



| If you are relocating your business, is the relocation dependent on rate relief being awarded?  If so, please explain why.                   |  |
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| If you are relocating, what is the rationale behind your decision to move to this area?                                                      |  |
| Will your relocation (if applicable) benefit other businesses in the area? If so, please explain why.                                        |  |
| Does your company trade anywhere else in the UK? If yes please provide the address of these premises.                                        |  |
| If your company does trade elsewhere, have you applied for rate relief from the relevant billing authority, and if so, what was the outcome? |  |
| Will your company's activities replace, enhance or supplement current council facilities/services? If so, please explain how.                |  |
| How many, if any, of your current employees are from the City Council's area?                                                                |  |
| If you were to recruit staff, would that recruitment be focused in the City Council's area?                                                  |  |



| Have you applied for, or a grant funding from the City of yes, please detail the arring-fenced for a specific part of the control of the cont | y Council? mount and whether it is                                               |                  |                      |                              |
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| Have you applied for, or a grant funding from any oth If yes, please detail the ar ring-fenced for a specific p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | her organisation? mount and whether it is                                        | ,                |                      |                              |
| If rate relief is refused, wh implications for your comp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  |                  |                      |                              |
| If rate relief is refused, wh implications be for the couarea?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                  |                      |                              |
| Is there any other informa provide in support of your                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                                                                                |                  |                      |                              |
| I certify that the informat belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | tion contained in this a                                                         | application is c | orrect to the best o | of my knowledge and          |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Signature:                                                                       | Сар              | acity in which sig   | ned:                         |
| Tel No:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Eı                                                                               | mail:            |                      |                              |
| Enquiries regarding this application should be addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Business Rate<br>Finance and Bu<br>P.O.Box 30<br>Town Hall<br>Preston<br>PR1 2GD |                  | es Directorate       | Telephone:<br>(01772) 906972 |



## **State Aid De Minimis Declaration**

As this relief is subject to State Aid De Minimis regulations which allow an organisation to receive up to €200,000 De Minimis aid over any period of three fiscal years (as set out in EC regulation 1998/2006 as published in the Official Journal of the European Union on 28 December 2006).

To establish whether you are eligible to receive De minimis aid you must declare the full amount of De minimis aid which you (include parent company if present) have already been granted during the previous two fiscal years and the current fiscal year. Any assistance that may have been received from a public body might count as State Aid. This could be from central, regional, devolved governments (or agencies) or a local authority. For further guidance on State Aid please visit <a href="www.gov.uk/state-aid">www.gov.uk/state-aid</a>.

Please complete the Statement of Previous Aid received under the De Minimis exemption (attached) and arrange for a director of your business to sign the declaration and return it to the address at the top of this application form along with the completed form so we may assess your eligibility to receive assistance.

If you are in any doubt as to whether the assistance you have received is subject to State Aid De Minimis Regulations please contact the body which granted the assistance for clarification. Please find below a sample list of common forms of aid which you may have received over the past three years (please note this list is not exhaustive)

Forms of possible aid:

- State Grants;
- Interest rate relief:
- Tax relief:
- Tax credits;
- State guarantees or holdings;
- State provision of goods or services on preferential terms;
- Direct subsidies;
- Tax exemptions;
- Preferential interest rates;
- Guarantees of loans on especially favourable terms;
- Acquisitions of land or buildings either gratuitously or on favourable terms;
- Provision of goods and services on preferential terms;
- Indemnities against operating losses;
- Reimbursement of costs in the event of success;
- State guarantees, whether direct or indirect, to credit operations preferential re-discount rates;
- Dividend guarantees:
- Preferential public ordering;
- Reduction of, or exemption from, charges or taxes, including accelerated depreciation and the reduction of social contributions;
- Deferred collection of fiscal or social contributions;
- Assistance financed by special levies;
- Capital transfers:
- Certain State holdings in the capital of undertakings.



## STATEMENT AND DECLARATION OF PREVIOUS AID RECEIVED UNDER THE DE MIMINIS EXEMPTION

| I confirm thatprevious three fiscal years                                                                                                                                                                                             |                                                                            |                                                                                           |                                                                                             |                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Organisation providing                                                                                                                                                                                                                | Value of                                                                   | Date of assistance                                                                        | Nature of                                                                                   |                                                                                                         |
| the assistance/aid                                                                                                                                                                                                                    | assistance                                                                 |                                                                                           | assistance                                                                                  |                                                                                                         |
|                                                                                                                                                                                                                                       |                                                                            |                                                                                           |                                                                                             | _                                                                                                       |
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| It should be noted that Presubsequently received by Declaration: I hereby certify that full detreceived by our parent corconfirmed that no such aw correct and I am aware that a criminal offence and I unto repayment with interest. | the applicant ails of any as appany) have be at if incorrect derstand that | under the De Minimis Esistance received under the declared on this formation is supplied, | er the De Minimis exectorm and, if none havent. I also certify that it will invalidate an a | emption (including any<br>e been entered, it is<br>the particulars given are<br>ward and may constitute |
| Signed:                                                                                                                                                                                                                               | Pr                                                                         | int Name:                                                                                 |                                                                                             |                                                                                                         |
| Role in Company:                                                                                                                                                                                                                      | D                                                                          | ate:                                                                                      |                                                                                             |                                                                                                         |
| Telephone No:                                                                                                                                                                                                                         | E                                                                          | mail:                                                                                     |                                                                                             |                                                                                                         |

