Application for Mandatory Charitable Rate Relief

Council Offices
Vicarage Lane
Hailsham
BN27 2AX
Telephone: (01323) 443345
(Business Rate enquiries only)
Other enquiries (01323) 443322

Email: businessrates@wealden.gov.uk

1(a)	**Name of Charitable Organisation:**
1(b)	**Address for Correspondence:**
1(c)	**Contact Telephone Number:**
	I apply for Mandatory Rate Relief under Section 43 of the Local Government Finance Act 1988 for the property named below:
2(a)	**Property Address:**
2(b)	**Business Rates Billing Reference:** ……
2(c)	**If you are currently subject to an empty property rate charge, is it your intention to occupy the premises at sometime in the future ? Please give details:** ……
	Details relating to what the property is used for:
3(a)	**Is the property occupied by a Registered Charity or the Trustees of a Registered Charity ?** **YES / NO**
3(b)	**Is the property used wholly or mainly for charitable purposes ?** **YES / NO**
3(c)	**If 'NO' Please provide full details of use:** …… ……
4(a)	**Are the premises used wholly/mainly for the sale of goods ?** **YES / NO**
4(b)	**Are the proceeds of sale (after deduction of expenses) used wholly for the purpose of the Charity ?** **YES / NO**
4(c)	**Are 100% of the goods offered for sale donated to the charity ?** **YES / NO**
4(d)	**If not, please state the proportion of goods sold (by sold value) which were NOT donated last year** …… **%**

	Particulars of Charitable Status:
5(a)	**Name of Charity:** ……..
5(b)	**Purpose of the Charity:** …….
	(PLEASE SUPPLY A COPY OF YOUR REGISTRATION CERTIFICATE AND A COPY OF THE MOST RECENT ACCOUNTS AND BALANCE SHEET)
5(c)	**Charity registration number (if registered)** …….
5(d)	**If not registered, has a registration application been made ?** **YES / NO**
5(e)	**If exempt from registration, please give reasons** …….
	……
5(f)	**Is the charity recognised as such for Income Tax purposes ?** **YES / NO**

DECLARATION

Please read the declaration carefully before you sign and date it.
If the form is not signed it will be returned to you and it will delay your claim.
Wealden District Council may prosecute you if you give false information.

I declare that the information given in this form is correct.

I understand that if I give information that is incorrect the Council may take action against me which could include court proceedings.

I agree that the Council can check this information with other local authorities and Government departments.

I agree to tell Wealden District Council of any changes that may affect the business' entitlement to any relief.

Signed: …… **Name: ……**

Capacity of Signatory: …… **Date: ……**

Your completed form and supporting documents should be returned to:
Wealden District Council, Business Rates Team, Council Offices, Vicarage Lane, Hailsham, BN27 2AX

Wealden District Council Data Protection Statement

Wealden District Council is committed to ensuring that your privacy is protected and will only use and store your personal data in line with the General Data Protection Regulation 2016 and the Data Protection Act 2018. We collect and use your personal data in order to provide services you have requested from us or to carry out our legal obligations to you. We will not disclose your personal data to any third parties, unless we need to do so to provide a service to you or we are legally required to do so. We may share your personal data with other Council departments in order to provide the service you have requested and to ensure that the information we hold about you is accurate and up to date. Our Privacy Policy sets out how we collect, use and securely hold your data. If you want more information on how a particular Council service uses your personal data, please view the full policy and Privacy Notices on our website using the following link: www.wealden.gov.uk/privacypolicy