

NATIONAL NON DOMESTIC RATES

APPLICATION FOR HARDSHIP RELIEF

**A.** Premises: …………………………………………………………………………….

Account ref no:………………………………………….

Ratepayer:  **…………………………………………….**

Trading Title:..................................................................................................................................

Contact Address:...........................................................................................................................

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Telephone No:.............................. E-mail:.....................................................................................

Please state the nature of your business:.....................................................................................

Number of employees - Full time:.................................... Part time:..............................................

How many similar businesses in village/community?.....................................................................

**B.** If you are currently trading from the premises, do you:

1) intend to continue to trade in the future? YES/NO

2) are you intending to close down? YES/NO

(Please state date of intended closure ....................................................................................)

**C.** Empty premises:

Explain briefly why the premises are/were vacant:........................................................................

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If premises NOT for sale or let, please indicate your intention for the property:............................

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If the premises are/were for sale, please indicate how the proceeds were/will be disposed of:

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**D.** If you are/were the owner:

1) If not sole owner indicate name(s) & address(es) of other joint owners:...................................

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2) Premises were occupied by myself/tenant (delete accordingly)

3) Premises are/were to let/for sale (delete accordingly)

If "to let," what is rent per week? £......................................

If "for sale," what is/was sale price? £......................................

**E.** If you are/were the tenant/lessee:

1) Landlord's name and address:...................................................................................................

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2) If not sole tenant/lessee, state name(s) and address(es) of joint tenant(s)/lessee(s)

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3) Date tenancy/lease expires/expired:..........................................................................................

4) Premises were occupied by myself/sub-tenant (delete accordingly)

5) Premises are/were to be sub-let/lease for sale (delete accordingly)

If "to be sub-let," what is the rent per week ? £...............................

If "lease for sale," what is/was the sale price? £...............................

**PLEASE SEND A COPY OF YOUR BUSINESS ACCOUNTS FOR THE LAST 2 FINANCIAL YEARS**

INCOME

Average weekly turnover. £............................

Average weekly net profit. £............................

Investment income. £............................

Any other income (please give details) £............................

OUTGOINGS

Rent/mortgage in respect of the subject property. £............................

Staff wages. £............................

**F.** You may state here any further information or comments which you feel are relevant in

support of your application for relief.

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Ratepayers are reminded that if they have a change of circumstances that would affect the amount of relief being received, it must be reported to the Revenues Department within 21 days of the change.

DECLARATION

I declare that the information provide is accurate.

Signature:................................... Date:................................

YOU SHOULD COMPLETE AND RETURN THIS FORM TOGETHER WITH A COPY OF YOUR ACCOUNTS FOR AT LEAST THE PAST TWO YEARS, AS SOON AS POSSIBLE, TO THE REVENUES MANAGER, DENBIGHSHIRE COUNTY COUNCIL, RUSSELL HOUSE, CHURTON ROAD, RHYL DENBIGHSHIRE,LL18 3DP.