Your rate account number

APPLICATION FOR
MANDATORY CHARITABLE RATE RELIEF

LOCAL GOVERNMENT FINANCE ACT 1988
SECTIONS 43 (5) & (6) and SECTION 45 (5) & (6)

[* PLEASE DELETE WHICHEVER IS NOT APPLICABLE]

1. FULL NAME OF THE CHARITY:-_____

_____

2. PARTICULARS OF THE CHARITY:-

(a) If registered as a Charity with the Charity Commission for England and Wales state:

- Date of Registration _____
- Registration Number with Charity Commission _____

(b) **If NOT** registered state the reasons why you consider your organisation qualifies for relief:

3(a) DETAILS OF ALL RATING LIST ASSESSMENTS FOR WHICH THIS CLAIM IS MADE		
Property Reference (if known)	Address (including specific floors as relevant)	Description e.g. offices, shop etc

(b) Are the premises wholly or mainly used for the purposes of the Charity? **Yes/No***

(c) Please describe briefly what the premises are being used for, or if they are empty what they will be used for:-

4. PLEASE COMPLETE THIS SECTION ONLY IF THE PROPERTY IS A SHOP

(a) Is the property being used wholly or mainly for the sale of goods which have been donated to the Charity? **Yes/No***

(b) If used mainly for the sale of donated goods, what percentage of the goods sold are donated to the Charity?

(c) Are all the proceeds (after deduction of expenses) given to the Charity? **Yes/No*5 SUPPORTING DOCUMENTATION REQUIRED IF THE ORGANISATION APPLYING FOR RELIEF IS NOT A REGISTERED CHARITY:**

Please supply a copy of each of the following: - Checklist of documents √

- ☐ The statute or charter or memorandum and articles of association or scheme or any relevant document laying down the objects of the organisation, together with amendments thereto.
- ☐ The latest audited accounts.
- ☐ The latest report of the chairman or managing body.

6. HAS THE ORGANISATION BEEN GRANTED MANDATORY CHARITY RELIEF BY ANY OTHER BILLING AUTHORITY? Yes/No*

If yes, please provide details including the full address/description of any property granted relief and a full postal address for each relevant Billing Authority.

APPLICANTS SHOULD NOTE	
The Billing Authority reserves the right to inspect the property in respect of which this claim is made. The Charity should notify the Billing Authority as soon as possible of any changes relating to this claim.	
CONTACT DETAILS	
Contact name: Position in organisation: Contact address:	Telephone number: E-mail address of organisation: Web site address of organisation:
DECLARATION	
I certify that to the best of my knowledge and belief the statements made on this application for mandatory rate relief are correct	
Signature: Print Name:	Date: Position in organisation:
Please return this form to: City of London Business Rates Section PO Box 270, Guildhall London EC2P 2EJ	Telephone enquiries: 020 7332 1318

APPLICANTS SHOULD NOTE

For Office Use Only	DATE	CHECKED		DATE	CHECKED
Registration checked			Occ - Approved wef		
Inspection checked			Empty - Approved wef		
To City of London			Input to system		