

**APPLICATION FOR
DISCRETIONARY RATE RELIEF**



Telephone: 01452 396495
Email: revenues@gloucester.gov.uk
Website: www.gloucester.gov.uk

Please complete the following information:

Business Rates Account Reference Number

1. Name of the Occupying Organisation and Property address:

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2. Is the organisation a registered charity? Yes / No

If **Yes**, please provide the registered charity number

3. Is the organisation recognised as a charity for tax purposes? Yes / No

4. For what purposes does the organisation exist?
(Please give a brief description)

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5. How does the organisation promote the strategic priorities of the council? These are:

- To achieve good standards of cleanliness
- To work with others to reduce crime and the fear of crime
- To minimise waste and increase recycling
- To promote regeneration, especially in the central areas
- To achieve quality open spaces
- To achieve decent housing for all
- To achieve good public health standards
- To provide good customer services, ensuring access for all

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6. Does the organisation provide training or education for members? Yes / No

If **Yes**, please give details along with age groups concerned:

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7. Does the organisation provide facilities that indirectly relieve the council from the need to do so or enhance/supplement those that it does provide?

Yes / No

If **Yes**, please provide details:

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8. Are the facilities made available to people/organisations other than members?
For example, schools or casual public sessions?

Yes / No

If **Yes**, please detail what facilities and to whom they are available:

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You must provide the following information with your application to enable Gloucester City Council to establish that Discretionary Rate Relief is applicable:

- A copy of your latest audited accounts
- A copy of your organisation's aims and objectives

Details of affiliation/membership to any local or national organisation:

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Details of why your organisation should be considered for Discretionary Rate Relief:

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DECLARATION

I confirm that the information supplied is true and correct and that I am authorised to make this application.

Name Signature

Capacity Contact Tel no

Date

Please note it may be necessary for a member of Revenues Services to visit the premises for which you are applying. It would therefore be helpful if you could provide details of a convenient day/time when we can visit.