

**Gloucester City Council**  
**Application for Business Rates Retail Discount for 2019/20 & 2020/21**

1. Account Details for which relief is being claimed

Account Reference: .....

Name of Ratepayer: .....

2. Address of property for which relief is being claimed

.....  
.....

3. Type of retail premises (see qualifying criteria ): .....

4. If your property is not used for one of the purposes listed on page 2 but you believe that you may still qualify for the relief please detail below the type of business that is conducted from the property. (Please note the council may inspect your property to clarify this).

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.....  
.....

**Declaration**

I confirm that:

- my property is wholly or mainly used for the purpose stated in question 3 above.
- I am authorised to sign on behalf of \_\_\_\_\_ (name of the organisation/business)

Dated:.....

Signed: .....Printed Name: .....

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**For office use only: Doc type NDISC**

Authorised/Not Authorised      Signed:.....Dated: .....

Please complete the application form and State Aid declaration enclosed and return to:

Gloucester City Revenues & Benefits  
PO Box 2017  
PERSHORE  
WR10 9BJ

Or email to [revenues@gloucester.gov.uk](mailto:revenues@gloucester.gov.uk)

**Retail Discount - De Minimis Declaration**

**Business Rates Account reference** .....

**Name of the Organisation/Business**.....

The value of the business rates Retail Discount to be provided to the organisation/business above by Gloucester City Council is £ *(please insert)*

This award shall comply with the EU law on State Aid on the basis that, including this award the organisation/business named above shall not receive more than €200,000 in total of De Minimis aid within the current financial year or the previous two financial years. The De Minimis Regulations 1407/2013 (as published in the Official Journal of the European Union L352 24.12.2013) can be found at <http://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2013:352:0001:0008:EN:PDF>

Please list all previously received De Minimis aid below, including the total amount of this and any other Retail relief you are being granted.

Amount of De Minimis aid	Date of aid	Organisation providing aid	Nature of aid

I confirm that:

1. I am authorised to sign on behalf of the organisation/business named above
2. The organisation/business named above shall not exceed its De Minimis threshold by accepting this Retail relief.
3. Should the circumstances change and the organisation/business no longer meets the qualifying criteria, I will notify the council so that the Retail Relief can be reviewed from the date the change occurred.

By signing the form I am certifying that the information is correct to the best of my knowledge and belief. Wilfully making a false statement on the application form is an offence and may result in legal action being taken against me.

Printed Name: .....Signature: .....

Position in the Organisation/Business.....

Address: .....

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Telephone: .....Date: .....

Email:.....