

**APPLICATION FOR MANDATORY RATES RELIEF**

**IN TERMS OF THE LOCAL GOVERNMENT AND RATING ACT 1997**



ADDRESS OF PREMISES ON WHICH  
RELIEF IS BEING CLAIMED (INC POSTCODE)

LOCATION NUMBER

ACCOUNT NUMBER

RATEABLE VALUE

PROPERTY DESCRIPTION

1 Ratepayer's  
Full Name

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Telephone No

\_\_\_\_\_

2 Which one of the following categories does your business fall into (Please tick each box which is applicable to you)

a) **Hotel** – where alcoholic liquor may be sold under a hotel licence granted in terms of Section 9 of the Licensing (Scotland) Act 1976 (2).

Are you the Ratepayer of any other hotel in Scotland?

YES/NO

b) **Public House** – where alcoholic liquor may be sold under a Public House licence granted in terms of Section 9 of the Licensing (Scotland) Act 1976.

Are you the Ratepayer of any other Public House in Scotland?

YES/NO

c) **Petrol Filling Station** – where petrol or other automotive fuels are sold by retail to the general public for fuelling motor vehicles intended or adapted for use on roads.

Are you the Ratepayer of any other petrol filling station in Scotland?

YES/NO

Please note that a Council Officer may visit your premises to verify the information supplied in your application.

I wish to apply for Rates Relief under the Local Government and Rating Act 1997 and certify that the above details are correct.

Name \_\_\_\_\_  
(Block Capitals Please)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to: Head of Finance, Invertay House, Maule Street, Monifieth, DD5 4JG

**TRANSLATION**

**CONTACT OUR ACCESS LINE ON 08452 777778 IF YOU WANT THIS LEAFLET TRANSLATED INTO CHINESE, URDU, HINDI, PUNJABI OR GAELIC OR IN LARGE PRINT, AUDIO OR BRAILLE.**

**For Office Use**

AUTHORISED BY:  
DATE:

UPDATED ON SYSTEM BY:  
DATE: