



ANGUS COUNCIL
RATES REMISSION FORM

Section A

Name of Applicant Body: _____

Name of Ratepayer: _____

Address of premises on which
Remission is Claimed _____

Account Number: _____ [NDR:AccountReference]

Section B - About Your Organisation

- | | | |
|----|--|--------|
| 1. | Is your organisation recognised as having charitable status by the Office of the Scottish Charity Regulator (OSCR)? <i>(if yes, please enclose written proof).</i> | YES/NO |
| 2. | If the premises are used for the purposes of a charity shop, are 51% or more of the goods donated? | YES/NO |
| 3. | Are the premises licensed or do they constitute a licensed canteen or a registered club in terms of the Licensing (Scotland) Act 1976? | YES/NO |
| 4. | Do the premises have gaming machine(s) installed which require them to be licensed under the Gaming Act 1968? | YES/NO |
| 5. | Does the applicant body occupy other premises which would fall under categories 3 or 4 above? | YES/NO |
| 6. | Has any financial assistance been granted to the applicant body by any Local Authority or other Public Body during the last 5 years? | YES/NO |
| 7. | If the answer to question 6 is YES, please give details

_____ | |
| 8. | Please give a brief description of the aims and objects of the applicant body.

_____ | |
| 9. | For what purpose are the premises used?

_____ | |

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.

[barcode]

Section C - Documents Required

Please send the following documents with your completed Application Form

1. A copy of your Constitution
2. A copy of your most recent financial accounts (or in the case of a new Organisation, an estimate of the first year's Income & Expenditure)
3. If the Organisation is recognised as having charitable status, a copy of the Certificate

Section D - Declaration

- I certify that to the best of my knowledge and belief, the information which has been supplied is accurate.
- I understand that to deliberately provide false information for monetary advantage is a criminal offence.
- I understand that Angus Council may undertake such enquiries it considers necessary to verify this claim.
- I undertake to advise the Council of any change of circumstances which may affect entitlement to any Relief granted.

Signature _____ Position _____

Print Name _____ Date _____

Contact Telephone Number _____

When completed this form should be returned To:

Head of Finance
Angus Council
Revenues Division
Invertay House
Maule Street
Monifieth
DD5 4JG

Date of Committee Meeting:-