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MID SUSSEX

CenSus Revenues and Benefits Services PO Box 10607 Nottingham NG6 6DU

(Phone calls may be recorded)

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http://www.midsussex.gov.uk/revsandbens

NATIONAL NON-DOMESTIC RATES APPLICATION FOR DISCRETIONARY RATE RELIEF RURAL SETTLEMENTS

This form is for use in applying for rate relief under Section 47, of the Local Government Finance Act 1988 (as amended by Sch.1, Local Government Finance & Rating Act 1997 & Section 1 of the Rating (Former Agricultural Premises and Rural Shops) Act 2001).

Should you wish to make a claim for this relief, please complete the form and return it to the address shown above.

If you require any advice or assistance please contact the Revenues office as above.

NATIONAL NON-DOMESTIC RATES APPLICATION FOR DISCRETIONARY RATE RELIEF RURAL SETTLEMENTS

Complete this form to apply for rate relief under Section 47, of the Local Government Finance Act 1988 (as amended by Sch.1, Local Government Finance & Rating Act 1997 & Section 1 of the Rating (Former Agricultural Premises and Rural Shops) Act 2001).

Note: In addition to this application; please supply a copy of audited accounts, including the profit & loss and balance sheet, preferably for the last financial year. **Applications cannot be considered unless this information is provided.**

Account Number:

Name of Rate Payer:

ALL SECTIONS MUST BE COMPLETED

Address of Property:	
Post Code:	
Address for correspondence:	
Post Code:	
Telephone Number:	
Description of Property:	
Rateable Value £:	
PARTICULARS IN SUPPORT OF APPLICATION	
Please state the nature of the business for which relief is sought and tick the appropriate box.	Tick below
Sole General Store:	
Sole Post Office:	
Food Shop:	
Sole Petrol Filling Station:	
Sole Public House:	
Former Agricultural Premises:	

Please give details of the percentages of goods sold, where applicable, in the boxes below:	Percentage
Food for human consumption off the premises:	%
Catering on the premises (food for consumption on the premises):	%
Hot food for consumption off the premises (catering):	%
Household goods:	%
Confectionery:	%
Other goods, please give details:	%

Important

Applications will **ONLY** be considered if accompanied by copies of the latest audited accounts

DECLARATION

I HEREBY CERTIFY that the particulars given on this form are correct to the best of my knowledge and belief.	
Signature: Print Name:	
Capacity in which signed: Date:	

When completed this application should be sent, with supporting information, to:

CenSus Revenues and Benefits Services
PO Box 10607
Nottingham
NG6 6DU