

APPLICATION FOR RELIEF UNDER SECTION 49 OF THE LOCAL GOVERNMENT FINANCE ACT 1988 (HARDSHIP RELIEF)

Section A

Business and address details

Please complete this section about the property that you want to claim relief for and the business that owns it.

Account number:

Property reference number:

Organisation

Name or title of business / owner applying for relief **Premises**

Address of the property for which relief is claimed.

Contact Details

Name of contact:

Contact telephone number:

Email Address:

Address for correspondence if different from the property address:

Section B

Details of the circumstances giving rise to your application for hardship relief

Please describe the nature of your business: How long has the business been trading? How many people are employed by the business at the rated property? How many of these people live in Sandwell? Please state the days and hours that the property is open for business/in use. Please state the period for which hardship relief is being sought. How long is it expected that the circumstances giving rise to the hardship relief will continue? Please explain what business or operational measures have been taken to keep the business viable in the current financial year Please explain the reasons why the business would sustain hardship if the Council does not reduce or remit the rates due. Does the business provide a

service to the local community which is not provided by any other local business or organisation. If so please explain what this service is.

- Please continue on a separate sheet where necessary.
- Please provide copies of the last **three years audited accounts**. These accounts should include a company balance sheet, profit and loss account and a cashflow statement and forecast for the coming 12 months.
- Commission Regulation (EC) No. 69/2001 'De Minimis' State Aid. A general enterprise can receive up to €200,000 (approx £135,000) maximum level of aid over any continuous 3 year period. Potentially any assistance received from a public body might be De Minimis Aid, this could be from central, regional, devolved government agency or local council.

Please confirm if your company has been granted De Minimis Aid within the past 3 years, if YES please provide details **YES / NO**

Please remember to attach copies of the last three years audited accounts.

Declaration

This application is submitted on behalf of the named organisation and I declare that the enclosed information is correct.

Name:Signature:Position held in organisation:Telephone number:Email address:Date:

Please return this form to: Sandwell Metropolitan Borough Council, Revenues and Benefits Services, P.O. Box 10597, Nottingham, NG6 6DQ