



Horsham Revenues & Benefits PO Box 10745 Nottingham NG6 6ED

HORSHAM DISTRICT COUNCIL WORKING IN PARTNERSHIP WITH LGSS 0808 164 8610 (Phone calls may be recorded)

https://www.lgss-revs-bens/Horsham

LGSS DISCRETIONARY RATE RELIEF – APPLICATION FORM AND REQUEST FOR ACCOUNTS

SECTION 49, HARDSHIP RELIEF

Section 49 of the Local Government Finance Act 1988 allows Councils to award discretionary relief to ratepayers suffering financial hardship, provided it is reasonable for the authority to do so, having regard to the interests of its Council Tax payers.

If you wish to apply for Section 49 hardship please complete and return the application form and return it to the address at the top of this page together with copies of your latest audited accounts.

No rate relief will be granted unless the Council receives these documents.

Given the financial pressures on the Councils budget, the amount of Discretionary relief, if previously granted, may not be sustainable at the same percentage, and you should be aware that these amounts may vary in the future.

NON-DOMESTIC RATEPAYER INFORMATION	
First Name	
Last Name	
Address	
Non-Domestic Rate Account Number	
Situation of Business Premises	
Description of Business	

PARTICULARS IN SUPPORT OF CLAIM		
What range of products or service does the		
shop/post office/business offer to the village?		

Opening hours of shop/post office/business	
Number of employees full and part time	
Does the shop have a sub post office facility	YES / NO
Are pensions paid at the sub post office	YES / NO
Does the shop/business provide any other local service?	
Distance of nearest alternative facilities	
Availability of public transport from village to alternative facilities – for elderly and non-mobile members of the community	
Please state why the closure of this business through financial hardship would be severely detrimental to the local community (continue on separate sheet if necessary)	
DECLARATION I hereby certify that the particulars I have given are correct to the best of my knowledge and belief.	
· · · · · · · · · · · · · · · · · · ·	correct to the best of my knowledge and belief.
Full Name (BLOCK CAPITALS)	
Signature	
Date	
Address	
Contact Telephone Number	

Please Note: All completed applications should be accompanied by copies of the previous two years audited accounts and balance sheets.

Email