

Name and Address:

**Bassetlaw District Council
Queen's Buildings
Potter Street
Worksop
Notts
S80 2AH**

Date:
Account Reference:
2005 Rateable Value: £

**APPLICATION FOR SMALL BUSINESS RATE RELIEF FOR FINANCIAL YEARS
2007/08 TO 2009/10**

- Please read the guidance notes before filling in this form
- Please complete and return this form to the above address by *(insert date)*

SECTION 1

Please complete this section if this is your first application for Small Business Rate Relief (SBRR) in the valuation period shown above and for the property shown in (a) below, or if you wish to renew your application for SBRR.

a) Property address for which application is made:

b) Do you occupy or pay Business Rates on more than one Business Property in England? (tick box)

YES	
NO	

Go to part **(c)** below
Go to **Part 1** of the Declaration overleaf

c) If **yes**, please give the full address(es) of all other occupied Business properties and their 2005 Rateable Value(s).

Now complete & sign **Part 1** of the Declaration overleaf.

SECTION 2

Please complete this section if you already receive SBRR for the property stated in (a) above but your circumstances have changed.

a) Please give the full address of any other property you now occupy since your original application for SBRR was made.

b) Please supply the date you occupied the above property.

Now complete & sign **Part 2** of the Declaration overleaf.

DECLARATION

PART 1

I confirm that the hereditaments listed in **Section 1** are the only hereditaments in England occupied by the ratepayer shown overleaf.

<input type="text"/>	Signature of ratepayer/person authorised to sign
<input type="text"/>	Capacity of person signing
<input type="text"/>	Date
<input type="text"/>	Contact Telephone Number (Optional)
<input type="text"/>	Fax Number (Optional)
<input type="text"/>	E-mail Address (Optional)

PART 2

I confirm that the changes listed in **Section 2** are the only changes relating to the hereditaments in England occupied by the ratepayer shown overleaf.

<input type="text"/>	Signature of ratepayer/person authorised to sign
<input type="text"/>	Capacity of person signing
<input type="text"/>	Date
<input type="text"/>	Contact Telephone Number (Optional)
<input type="text"/>	Fax Number (Optional)
<input type="text"/>	E-mail Address (Optional)

Data Protection

The personal information you have supplied on this form may be shared with other Council departments, the Police and other public bodies for the purposes of recovery of debt, prevention or detection of fraud or the detection or prevention of crime as permitted under the Data Protection Act 1998.