

**APPLICATION FOR NON DOMESTIC
DISCRETIONARY RATE RELIEF UNDER THE
LOCAL GOVERNMENT FINANCE ACT 1988**



1 Name and Address of Charity or Organisation

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2 Particulars of property in respect of which claim is made

Occupier (Also owner when not in occupation)	Address of Property

3 LEVEL 1 (up to 30%)

A. Are the services, facilities or activities provided wholly or mainly for the benefit of the residents of Poole? If so please illustrate.

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B. Is there a need, in Poole, for the specific services, facilities or activities provided by the organisation? If so please illustrate.

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C. Has the organisation financial need which will be assisted by the rate relief applied for? If so please illustrate.

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4 LEVEL 2 (Up to 60%)

How will the relief provided allow the organisation to improve/develop its services?

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5 LEVEL 3 (Up to 100%)

A. If a membership organisation, is there a casual access policy which makes facilities available to non-members?

YES NO

B. Is membership of the organisation accessible to all sections of the community (for example the level of any fees charged may be seen as a barrier to membership unless linked to a scheme to help those people on low incomes e.g. Access to Leisure)?

YES NO

C. Does the organisation actively encourage disadvantaged groups in the community to make use of the services, facilities or activities provided?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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6 Is the club/organisation non-profit making?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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7 Please state requirements for membership (If N/A go to question 13)

8 Please state membership joining fees/subscriptions, the frequency of payments and give details of any additional charges for the facilities not included in the membership fees.

9 Does the club/organisation run a bar? If YES please enclose a current price list	YES <input type="checkbox"/> NO <input type="checkbox"/>
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10 If the organisation is a sports club what is the balance between playing and non-playing members?
% of playing members

11 Please give any other information you consider relevant in support of your application.

I hereby certify that the particulars given above are correct to the best of my knowledge and belief.

Signed Name
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Position

Address for correspondence (if different from property address)	
Daytime telephone number	

PLEASE SEND COMPLETED FORM TO:

Financial Services
Borough of Poole,
PO Box 722,
Poole,
Dorset BH15 2YE