

NORTHUMBERLAND COUNTY COUNCIL APPLICATION FOR DISCRETIONARY RATE RELIEF

Account Number:

Property Reference:

| | | |
|---|--|-------------------------------------|
| Name of Organisation: | | |
| | | |
| Address of property for which relief is sought: | | |
| | | |
| Is the organisation a registered charity or Community Amateur Sports Club? Yes or No | Charity Registration Number | CASC Registration Number |
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| What is the property used for? |
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| What are the objectives and activities of your organisation and how do they benefit the local community? Please give details below. |
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| Is the organisation affiliated to a local or national representative body? Please give details. |
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Is membership to your organisation and use of the facilities open to all? If you answer no, please give details of any exclusions and the reasons for those exclusions.

Does your organisation actively encourage membership from particular groups (E.g. Young persons, ethnic minorities, OAP's, disabled persons, working parents.)? If so, what methods do you employ to encourage use from these groups?

What percentage of your organisations membership or users comes from Northumberland or its surrounding area (5 miles beyond the Northumberland boundary)?

The council reserves the right to request further clarification of information given below.
Please tick appropriate box:-

< 30%

30 – 49%

50 – 69%

70 + %

What are the membership fees and / or charges for use of the facilities? Please give details of all types membership and / or fees for use of the facilities and any concessions given.

Is the building used by the organisation, available for use by the community or by other organisations? Please give details of any other organisations using the building, the length of time used and the frequency of the use.

What education, training or coaching does your organisation provide to your members or users? Please give details.

Does the organisation attract grant aid or generate income through fund raising activities? Please give details.

You must supply the following evidence in support of your application

Checklist:

- Statement of objectives
- Rules and constitution
- Details of membership and admission practices
- Copies of your last TWO sets of audited accounts

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|---|--|
| Name of Person making the application (BLOCK CAPITALS) | Signature |
| | |
| Your position (Secretary, Treasurer etc) | Date |
| | |
| Address for correspondence | Contact Telephone Number (In case of queries with your application) |
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| Email Address | Mobile Telephone Number |
| | |

Please return your form and supporting evidence to the address below:-

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| Revenues Section | Telephone: 01670 624885 |
| Northumberland County Council | |
| Wansbeck Square | Fax: 01670 620098 |
| Ashington | |
| Northumberland | Email: businessrates@northumberland.gov.uk |
| NE63 9XL | Website www.northumberland.gov.uk |