

Bill Ref:

Prop Ref:

Billing Address:

Property Address:

**NEW APPLICATION FOR CHARITABLE RELIEF UNDER SECTIONS 43 AND 47 OF
THE LOCAL GOVERNMENT FINANCE ACT 1988**

YOUR ORGANISATION:

1. Name of organisation to which account should be addressed.

2. If you are part of a larger or umbrella organisation, please state which one.

3. Name, address and status of person to whom correspondence should be sent.

Name:	
Address:	
Post Code:	Position:
Daytime Telephone Number:	

4. What type of organisation are you? Tick one box only

<input type="checkbox"/>	Charity registered with Charity Commission	Registration No:	<input style="width: 100%;" type="text"/>
<input type="checkbox"/>	Exempt or excepted Charity (Registered with the Inland Revenue)	Registration No.:	<input style="width: 100%;" type="text"/>
<input type="checkbox"/>	Unregistered Organisation		

5. Do you have a Constitution, a Set of Rules or Articles and Memorandum of Association.

Yes No

If YES, please attach a copy. If NO, please explain why not.

6. What are the main objectives and purposes of the organisation as per the Rules/Constitution?

7. What Relief is being claimed?

Mandatory Relief (Section 43)	:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Discretionary Relief (Section 47):		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

ACTIVITIES/FUNCTIONS OF THE ORGANISATION:

8. List all the activities/functions carried out at the premises. Include details of any other organisations which use the facilities. If the property is unoccupied, give details of its intended use.

9. If the property is used as a charity shop, state the type of goods sold. State if the goods are donated and, if not, how they are acquired. If you sell a combination of donated goods and goods acquired by other means, please indicate the proportions of donated goods and other goods offered for sale.

10. If the property is used for social and recreational purposes, list any functions or activities that are held to raise money for specifically charitable purposes.

ACCESS:

11. Is access to the organisation open to all sections of the community regardless of race/colour/religion/gender/age/disability?

Yes

No

If NO, please state why.

12. Please provide evidence of how your organisation actively encourages membership/usage from particular groups in the community. For example, young people, the elderly, the disabled and people from minority ethnic groups.

13. Are your facilities made available to people other than members/users? For example, schools/casual public sessions/local community.

Yes

No

If YES, please provide details and examples. If NO, please state why.

MEMBERSHIP/USERS:

14. Please identify the make-up of your membership/users as follows:

MALES	NO.	FEMALES	NO.	TOTALS
Active Adults		Active Adults		
Juniors (Under 18)		Juniors (Under 18)		
Social only		Social only		
Total		Total		

15. Please provide details of charges you make to members, non-members, users or hirers.

16. Does your organisation provide training or education for its members/users?

Yes No

If YES, please provide details.

17. Is your organisation affiliated to any local or national organisations?

Yes No

If YES, please provide details.

FINANCES:

18. Have you attached your organisation's ***most recently available*** audited or approved Annual Accounts.

Yes No

If YES, please summarise the following information from those accounts.

Accounts for year ending:

Total gross income	£
Minus total expenditure	£
Equals Loss/profit for the year	£
Savings (reserves, cash or investments)	£

19. What are the principal sources of your income? For example, self help/grant aid/donations/subscriptions/bar profits/hire charges/sales.

20. Is there a Licensed Bar?

Yes

No

If YES, please provide the following information from the Bar Account.

Sales	£
Profit	£
Profit %	£
Bar Surplus/Deficit	£

PLEASE NOTE THAT YOUR APPLICATION FOR DISCRETIONARY RELIEF CANNOT BE PROCESSED WITHOUT A COPY OF YOUR MOST RECENT ACCOUNTS.

DECLARATION: I confirm that, to the best of my knowledge and belief, all replies given on this application are true and accurate. I understand that supporting information may be requested at any stage of the process.

Signed

Date

Name (BLOCK LETTERS) : _____

Daytime Telephone Number: _____