



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.

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

3. Please give a contact name and daytime telephone number for the organisation.

4. Please give a correspondence address if this is different from the property address.

5. What type of group should your organisation be classified as: *(Please tick all that apply)*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Not for profit                                   | <input type="checkbox"/> Charity Shop   | <input type="checkbox"/> Scouts and Guides                  |
| <input type="checkbox"/> Sports / recreation                              | <input type="checkbox"/> Social Club    | <input type="checkbox"/> Religious                          |
| <input type="checkbox"/> Educational                                      | <input type="checkbox"/> Social Welfare | <input type="checkbox"/> *Other <i>(Give details below)</i> |
| <input type="checkbox"/> Charity registered with Charity Commission ..... | Registration No.                        | <input type="text"/>  |
| <input type="checkbox"/> Exempt Charity .....                             | Registration No.                        | <input type="text"/>  |
| <input type="checkbox"/> Community Amateur Sports Club (CASC) .....       | Registration No.                        | <input type="text"/>  |

\*Details

6. 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.

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

8. What Relief are you claiming?

Mandatory Relief (Section 43) : Yes  No

Discretionary Relief (Section 47): Yes  No

**ACTIVITIES / FUNCTIONS OF THE ORGANISATION:**

9. 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.

10. 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.

11. 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:**

12. 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.

13. 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.

14. 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:**

15. 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		

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

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

Yes  No

If YES, please provide details.

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

Yes  No

If YES, please provide details.

**FINANCES:**

19. Please summarise the following information from your accounts.

Accounts for year ending:

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

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

21. Is there a Licensed Bar?

Yes

No

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

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

**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.

I have enclosed copies of the following documents:

Copy of the organisation's latest audited accounts  Yes  No

Copy of the organisation's constitution  Yes  No

Signed

Date

Name (BLOCK LETTERS) : \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please return to:** Cannock Chase Council, PO Box 28, Beecroft Road, Cannock, Staffs, WS11 1BG

**How we use your personal information**

The information that you have provided will be used by Cannock Chase Council, as the data controller, to update your Non-Domestic Rate account. We will only share your information, when necessary, with agencies involved in the administration of your account, or where the law requires or allows us to. For further information, please see [www.cannockchasedc.gov.uk/PrivacyNotice](http://www.cannockchasedc.gov.uk/PrivacyNotice)