



**ANGUS COUNCIL**  
**RATES REMISSION FORM**

**Section A**

Name of Applicant Body: \_\_\_\_\_

Name of Ratepayer: \_\_\_\_\_

Address of premises on which  
Remission is Claimed \_\_\_\_\_

Account Number: \_\_\_\_\_

**Section B - About Your Organisation**

1. Is your organisation recognised as having charitable status by the Office of the Scottish Charity Regulator (OSCR)? *(if yes, please enclose written proof).* YES/NO

2. If the premises are used for the purposes of a charity shop, are 51% or more of the goods donated? YES/NO

3. Are the premises licensed or do they constitute a licensed canteen or a registered club in terms of the Licensing (Scotland) Act 1976? YES/NO

4. Do the premises have gaming machine(s) installed which require them to be licensed under the Gaming Act 1968? YES/NO

5. Does the applicant body occupy other premises which would fall under categories 3 or 4 above? YES/NO

6. Has any funding been granted to the applicant body by any Local Authority or other Public Body during the last 5 years? YES/NO

If yes does this funding include any provision to assist with payment of rates? YES/NO

If you have answered Yes please provide details of the type and source of the funding.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please give a brief description of the aims and objects of the applicant body.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. For what purpose are the premises used?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRANSLATION**

**CONTACT OUR ACCESS LINE ON 08452 777778 IF YOU WANT THIS LEAFLET TRANSLATED INTO CHINESE, URDU, HINDI, PUNJABI OR GAELIC OR IN LARGE PRINT, AUDIO OR BRAILLE.**

**Section C - Documents Required**

Please send the following documents with your completed Application Form

1. A copy of your Constitution
2. A copy of your most recent financial accounts (or in the case of a new Organisation, an estimate of the first year's Income & Expenditure)
3. If the Organisation is recognised as having charitable status, a copy of the Certificate

**Section D - Declaration**

I certify that to the best of my knowledge and belief, the information which has been supplied is accurate.

I understand that to deliberately provide false information for monetary advantage is a criminal offence.

I understand that Angus Council may undertake such enquiries it considers necessary to verify this claim.

I undertake to advise the Council of any change of circumstances which may affect entitlement to any Relief granted.

Signature \_\_\_\_\_ Position \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

When completed this form should be returned To:

Head of Finance  
Angus Council  
Revenues Division  
Invertay House  
Maule Street  
Monifieth  
DD5 4JG

For office use only

Date of Committee Meeting:-