



Barrow Borough Council

Revenues Department

TOWN HALL · DUKE STREET
BARROW-IN-FURNESS · CUMBRIA LA14 2LD

Tel: (01229) 404242

DX 63917 BARROW-IN-FURNESS

Email: nndr@barrowbc.gov.uk

Our Ref:
Your Ref:

Customer Services
Tel No 01229 404242

Date:

Dear

**NON-DOMESTIC RATES -
APPLICATION FOR RURAL RATE RELIEF**

RE:

Please use this form to apply for rural rate relief, in accordance with sections 43 and 47 of the Local Government Finance Act 1988. Please also include with this form, a copy of your last audited accounts.

If your application is successful, a revised bill will be issued detailing the reduced balance. Alternatively, if your application is unsuccessful, the Council will explain this in writing. Please note that your current rates remain payable whilst the council is considering this application.

For your information, it is the council's intention to conduct a review of relief every financial year. However, if your circumstances change following the completion of this form, and the subsequent award of relief, please inform the Council immediately.

If you require any assistance in completing this form, please call our Helpline on 01229 404242.

Yours Sincerely

Mrs K Tomlinson
Senior Rates Officer

PLEASE COMPLETE IN BLACK INK

Account Number:

(You will find this on the rate demand)

Ratepayer's Name:

Address of Rated Premises:

Correspondence Address:

(if different)

Owner details:

Description of Rated Premises:

(You will find this on the rate demand)

Rateable Value:

(You will find this on the rate demand)

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS AS FULLY AS POSSIBLE

1. Is your business? (tick as appropriate)

Business type		Description
Post office		<i>n/a</i>
General store		<i>Wholly or mainly used for the retail sale of food</i>
Food shop		<i>Please indicate what type of food shop</i>
Public house		<i>n/a</i>
Petrol filling station		<i>n/a</i>
None of the above (please specify)		

2. How far away is the nearest business similar to yours?

miles

3. Is there another business similar to yours in the local community?

Yes / No

(delete as appropriate)

4. If yes, please provide details:

Name:

Address of premises:

Declaration

I confirm that all information given in this form is true to the best of my knowledge and belief. I understand if any information that I give is found to be inaccurate, my application will be disqualified with immediate effect.

Signature:

Date:

Name: (please print in block capitals)

Capacity in which signed: (please print in block capitals)

Daytime Telephone Number:

Email address:
