

Email: revenues@gedling.gov.uk
 Web: www.gedling.gov.uk
 Direct Line: 0115 901 3946
 Contact Centre: 0115 901 3901
 Our ref:
 Your ref:
 Date:

Application by a Charity or Organisation claiming Mandatory/Discretionary Relief under Section 43, 45 and 47 of the Local Government Finance Act 1988

Dear

Please complete this entire application form and return it to the above address, the following supporting documentation should be included with your application: -

- i) Copy of the Notice of Registration under the Charities Act 1960
- ii) Copy of the memorandum and Articles/Rules of the Association (these will be returned after the application has been processed).
- iii) Copies of the Audited Accounts and Balance Sheets for the last two years

If you have any queries, please contact Revenues & Welfare Support on the above direct line telephone number.

Yours sincerely



Duncan Adamson
Service Manager – Revenues & Welfare Support

Name and Address of Charity or Organisation:	
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Please select which relief is being sought:	Mandatory Relief – Sections 43/45	Discretionary Relief – Section 47	
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Details of the Charity / Organisation

What are the main objects and purposes of the Charity / Organisation?			
Is it registered with the Charity Commissioners?	Yes / No	Registration Number:	
If exempt from registration, please state grounds:			
Please state what functions or purposes the property is used for:			

Additional Information Required for Discretionary Relief

Is membership of your organisation open to all sections of the community, or are there any restrictions?	
Are the facilities made available to people other than the members, such as public sessions?	
Do you provide training or education for your members or any specific sections of the club?	
Are you affiliated to any National Organisations?	
Are your premises licensed for the sale of alcohol?	
Any other relevant information:	

DECLARATION

I hereby certify that the particulars given in this application are correct to the best of my knowledge and belief.

Signature: _____ **Date:** _____

Full Name: _____ **Telephone Number:** _____

Capacity in which signed: _____ **Email:** _____

Address for Correspondence: _____
