



Property No

Name

Address

.....

.....

.....

..... Postcode

Reference Number

Issue Date

Return By Date

Business Rates

Application for Disabled Persons Rate Relief

For Your Information

All sections of this form must be completed. Failure to do so may delay the processing of the application.

To qualify for rate relief in terms of the Non Domestic Rates (Disabled Persons) Act 1978, the premises for which relief is claimed must be used wholly for one or more of the purposes specified in Section B, or, partly for one or more of these purposes and partly for the purposes ancillary thereto. (Ancillary purposes could include for example, administrative office space for a laundry or canteen whose major purpose is to provide a service for the specified premises for which relief is claimed).

For further information see Section 5 of the Rating (Disabled Persons) Act 1978.

Section A Information Regarding the Applicant

Name and address of organisation claiming relief:

.....

.....

..... Postcode.....

Address of property (as on Rates Bill) for which relief is claimed.....

.....

.....

.....

Please send a copy of the Constitution or Articles of Memorandum and Association as appropriate.

Section B Information regarding purposes for which the premises are used

(Note: "Care" in questions 1 and 3 below does not include the provision of medical, surgical or dental treatment and if the premises are mainly used for such purposes the answer to these questions must be "NO").

Are the premises used for any of the following:

The provision of residential accommodation for the care of persons suffering from illness.....YES / NO

The provision of residential accommodation for the after-care of persons who have been suffering from illness.....YES / NO

The provision of residential accommodation for the after-care of disabled persons.....YES / NO

The provision of facilities for training, or keeping suitably occupied, persons suffering from illness or persons who have been suffering from illness.....YES / NO

The provision of facilities for training, or keeping suitably occupied, disabled persons.....YES / NO

The provision for Welfare Services for disabled persons.....YES / NO

If "YES" please give details of the type(s) of Welfare Services provided.....

.....

The provision for disabled persons of facilities for employment or work on their own account in terms of Section 15 of Disabled Persons (Employment) Act 1944.....YES / NO

The provision of sheltered employment (being a workshop or other facilities) by a local authority in terms of Section 3 (1) of the Disabled Persons (Employment) Act 1958.....YES / NO

Any other information which is considered relevant to this application.....

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Section C Contact Details

Correspondence details of persons to contact should the Council wish further explanation of any entry on the form or wish to arrange to visit/inspect the premises.

Name.....

Address.....

.....

Postcode..... Telephone No.



Application for Rate Relief - Rating (Disabled Persons) Act 1978

Supplementary Information

1. Is the Home operated for profit?.....
2. Is the Home registered with Aberdeenshire Social Work Committee.....
if so, give date of registration.....
3. How many residents can be accommodated?.....
4. How many residents are there at present?.....
5. How many of the present residents are infirm/handicapped?.....
6. How many of the present residents require some form of medication/treatment?.....
7. How many staff are employed at the home (full time equivalent)?.....
.
8. Is full time nursing care provided in the home?.....

DECLARATION BY APPLICANT

I declare that the information I have given on this form is correct and complete to the best of my knowledge. I will undertake to inform the Council of any change in circumstances as soon as the change occurs. I authorise the Council to make any necessary enquiries to verify the information given on this form.

Signature Date

Print name Telephone No.

Email Mobile Telephone No.

Position within the organisation.....

Any information you provide will be used and retained on computer by this Authority, and will be shared with other government bodies, in accordance with the Data Protection Act 1998.

Please return this form to your Business Rates Office:

PO Box 18533

Inverurie

AB51 5WX

Telephone: 01346 519512

Email: business.rates@aberdeenshire.gov.uk

www.aberdeenshire.gov.uk/rates