**South Ayrshire Council**



**How your personal information will be used**

It is our responsibility to keep your information safe. We will only collect the minimum amount of personal information we need to process your application and we may verify the information you provide with information we currently hold on file. We may get information from third parties or give information to them to check the accuracy of information, and we may share the information you have provided with relevant bodies to manage public funds, or prevent and detect fraud, as permitted by law. To find out what to expect when the Council collects your personal information, please visit our website - <https://www.south-ayrshire.gov.uk/privacy-policy>

**Disabled Relief**

The relevant legislation for this scheme is: The Rating (Disabled Persons) Act 1978, as amended.

To qualify for relief in terms of the above Act the premises on which relief is claimed must be used wholly or mainly for one of the purposes specified in paragraph 8 or for a purpose ancillary to the purposes specified. Ancillary purposes could include for example, office space or a laundry or a canteen whose major purpose is to provide a service for the premises on which relief is claimed.

This form needs to be completed and returned as soon as possible by e-mail to: [business.rates@south-ayrshire.gov.uk](mailto:business.rates@south-ayrshire.gov.uk). (a scanned copy is acceptable) or by post to: South Ayrshire Council, Non-Domestic Rates, PO Box 31, Wellington Square, Ayr, KA7 2PL

**THE DECLARATION MUST BE SIGNED AND DATED**.

|  |  |
| --- | --- |
| 1. **Name and address of Organisation Claiming Relief** |  |
| 1. **Name of Home on which relief is being claimed (if applicable)** |  |
| 1. **Property Description on which relief is being claimed** |  |
| 1. **Address of property for which relief is being claimed** |  |
| 1. **Rates Billing Reference No**   If Billing Account reference is not known, provide Assessor Property Reference (can be checked on <https://www.saa.gov.uk/>): |  |
| 1. **Rateable Value** |  |

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| --- | --- | --- | --- | --- | --- |
| 1. **Legal Structure of the Ratepayer (Please select the relevant category)** | | | | | |
| **Private Limited Company (LTD)** | | **YES** | | **NO** | |
| **Public Limited Company (PLC)** | | **YES** | | **NO** | |
| **Limited Liability Partnership (LLP)** | | **YES** | | **NO** | |
| **Charitable Organisation** | | **YES** | | **NO** | |
| **Sole Trader** | | **YES** | | **NO** | |
| **Individual** | | **YES** | | **NO** | |
| **Partnership** | | **YES** | | **NO** | |
| **Other (Please state)** | |  | |  | |
| 1. **INFORMATION REGARDING PURPOSES FOR WHICH THE PREMISES ARE USED** | | | | | |
| **The provision of residential accommodation for the care or after care of disabled persons or persons suffering from illness?**  **(Note: that “care” in the above question does not include the provision of medical, surgical, or dental treatment and if the premises are mainly used for such purposes the answer must be “NO”).** | | | **YES** | | **NO** |
| **The provision of facilities for training, or keeping suitably occupied, disabled persons or persons suffering from illness?** | | | **YES** | | **NO** |
| **The provision of Welfare Services for disabled persons?**  **(If yes please provide details below)** | | | **YES** | | **NO** |
|  | | | | | |
| **The provision for disabled persons of facilities for employment or work in terms of Section 15 of the Disabled Persons (Employment) Act 1944?** | | | **YES** | | **NO** |
| **The provision of sheltered employment by a local authority in terms of**  **Section 3 (1) of the Disabled Persons (Employment) Act 1958?** | | | **YES** | | **NO** |
| 1. **Please state any ancillary or other purposes for which the premises are used, other than those mentioned above** |  | | | | |

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| 1. **Please use this space if you wish to expand further on the major purposes for which the premises are used.** |  | | | | |
| 1. **Are you registered with Social Care and Social Work Improvement Scotland (Care Inspectorate)** | | | **YES** | | **NO** |
| 1. **Please enclose a plan or diagram of the layout of each floor of the premises, indicating against each room/section of the plan the use to which it is put. (Note: Handwritten plans/diagrams will be accepted).** | | | | | |
| **Subsidy Rules under the Subsidy Control Act 2022** | | | | | |
| Have you (i.e., your business/organisation) received public sector assistance over the last 3 years\* that in total would **exceed £315,000**, or would you expect to exceed that threshold if this relief were granted to you? (\*current and previous two accounting years of your club/organisation) | | **YES** | | **NO** | |

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| --- | --- |
| **Declaration**  **Please read this declaration carefully before you sign and date it.**   * **I am, or am duly authorised by, the Ratepayer to make the application.** * **I declare that the information given on this form is correct and complete to the best of my knowledge.** * **I authorise the Council to make any necessary enquiries to check the information.** * **I authorise the Council to cross check the information with other Councils in Scotland.** * **I undertake to advise the Council of any change of circumstances, including the occupation / vacation of any other property I may occupy in Scotland which may affect liability for Non-Domestic Rates Relief.** * **I understand that if I give information that is incorrect or incomplete or fail to report changes in circumstances, I (or the Ratepayer I represent) may be prosecuted.** * **I understand that the Council will reclaim any incorrectly awarded Non-Domestic Rates Relief.** * **I have read and understand the statement above about the use of personal information, the Revenues privacy notice is available at https://www.south-ayrshire.gov.uk/privacy-policy** * **I claim the above relief from Non-Domestic Rates liability.** | |
| **Applicant Name** |  |
| **Capacity (e.g. Owner; Tenant; Agent; Employee)** |  |
| **Telephone Number** |  |
| **E-mail Address** |  |
| **Contact Address** |  |
| **Your Signature** |  |
| **Date** |  |