**South Ayrshire Council**



**Former Full Relief 2017-18**

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

**The declaration at paragraph 9 must be signed and dated**.

Please complete the following questions:

1. **Ratepayer Name:**

2. **Rates Reference:**

3. **Property Address:**

**YES / NO**

4. **Is the property occupied?**

**YES / NO**

5. **Was the Rateable Value no more than £10,000 on 31 March 2017?**

**YES / NO**

6. **Was the property in receipt of 100% Relief on 31 March 2017?**

7. **Applicants should note that the rate relief for which they are applying is being granted as de minimus aid for State aid purposes. There is a ceiling of 200,000 Euros of de minimus aid, that can be granted over a three year period and if you consider that you or a related entity (e.g. parent or subsidiary company) have already received in excess of, or close to, this sum over the past three years, please provide details.**

8. **Are you or a related entity (e.g. parent or subsidiary company)**

**YES / NO**

**responsible for the rates for any other properties in Scotland?**

If the answer is **YES**, please provide details of the address including post code for each property together with an indication whether former full property or transitional relief is being applied for. A copy of the latest rates notice may be required if the property is not in South Ayrshire.

|  |  |  |
| --- | --- | --- |
| **Property Address** | **Rates Reference** | **Applying for Full or Transitional Relief?** |
|  |  | **YES / NO** |
|  |  | **YES / NO** |
|  |  | **YES / NO** |

9. **I/We understand that the information supplied is to the best of my knowledge and belief accurate, and that I/We understand that to deliberately provide false information for monetary advantage is a criminal offence.**

**Name (Block capitals):**

**Position in Business:**

**E-mail address:**

**Telephone number:**

**Signature:** **Date:**

##### FOR OFFICIAL USE ONLY

Date returned: ……………………. Date processed: …………………….

Relief Period: ……………....to……….............. Prescribed Category ……………………

Action by: ……………………. Authorised by: …………………….