**South Ayrshire Council**



**Sports Relief**

**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>

**Introduction**

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 MUST BE SIGNED AND DATED**.

|  |  |
| --- | --- |
| 1. **Name and address of Organisation Claiming Relief**
 |  |
| 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. **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** |
| **Sole Trader** | **YES** | **NO** |
| **Other (Please state)** |  | **YES** | **NO** |
| **IF APPLICABLE, Companies House Registration number or Charity Registration number: (Company number e.g.: SC123456)** |  |
| 1. **Information regarding purposes for which the premises are used**
 |
| **Is the property occupied and used wholly or mainly for the purpose of recreation (sport)?** | **YES** | **NO** |
| **Is the applicant organisation a Community Amateur Sports Club (CASC) registered with HM Revenue and Customs?** | **YES** | **NO** |
| **If yes, please provide the CASC registration number** |  |
| **Is the organisation licensed to sell alcohol? (Answer NO if alcohol is only sold under a Council granted occasional licence.)** | **YES** | **NO** |
| If **YES**, you must complete the Declaration of Turnover form at **Annex A** attached, giving details of bar turnover, etc. |
| **A copy of your organisation/club’s latest constitution and rules must be included with your application.** |

**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** |  |

 **ANNEX A**

**DECLARATION OF TURNOVER**

|  |  |
| --- | --- |
| **Club Name** |  |
| **Property Address** |  |
| **Rates Reference Number** |  |

**I enclose, in respect of the above property:**

|  |
| --- |
| * **Audited accounts in respect of the organisation’s financial year ending in the calendar year** **2020/21**; OR if the organisation was not in existence in **2020/21** or the turnover did not represent a full trading year, the first full year’s set of accounts after 2020/21.
 |
| Please state year of accounts submitted |  |
| * **A copy of the club/organisation’s constitution and rules**
 |
| I certify that the following figures of gross turnover (excluding VAT) extracted from the above accounts are correct: |
| Bar | £ | Food (Catering) | £ |
| Tobacco | £ | Gaming Machines | £ |

N.B. All sales included in the above headings must be shown including snacks, crisps, etc, together with the gross receipts from all gaming machines, pool and snooker tables, etc. If the above figures relate to a year later than 2020/21, they will be adjusted to that year’s level using the Retail Price Index.

If the organisation’s catering is franchised and you are unable to supply these figures, please state the name and address of the franchise holder(s) for the year of the accounts submitted.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Address |  | Address |  |
| E-Mail |  | E-Mail |  |

I certify that the information provided is correct and authorise the Council to make such enquiries as necessary in calculating the level of relief.

**Name (Block capitals):**

**Position in Club:**

**E-Mail: Phone No:**

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