

## APPLICATION BY A COMMUNITY AMATEUR SPORTS CLUB FOR RATE RELIEF

**N.B. ONLY USE THIS FORM IF YOUR CLUB IS A REGISTERED CASC**

1. Full name of your organisation.	
2. What is your CASC registration number?	
3. From what date did the club become a Community Amateur Sports Club?	
4. Address of the property for which your organisation is applying for rate relief.	* * *
5. What is the property used for?	
6. If the property is (or became) empty, what would your organisation intend to do with it?	
7. What are the objectives and purpose of your organisation?	
8. Is (or will) alcohol ever be available on the premises?	YES/NO (Delete as appropriate) (If the answer is Yes then you must complete Q9. If the answer is No then go to 10 – Declaration)
<p>9. Additional information required where either a licence exists, or may be granted, that permits alcohol to be available on the premises. Please read the following carefully before deleting either A or B.</p> <p>We will <b>not</b> reduce rate relief where a premises licence, club premises certificate or Temporary Event Notice exists, or may be granted under the Licensing Act 2003, <b>provided alcohol is only available on occasions when the premises are used for a function to raise funds for the club or organisation.</b></p> <p>We <b>will</b> reduce relief where an organisations members <b>have regular access to alcohol.</b></p> <p>(You must delete one of the following)</p> <p><b>a) I confirm that alcohol is (or will be) only available on occasions when the premises are used for a function to raise funds for the club.</b></p> <p style="text-align: center;"><b>OR</b></p> <p><b>b) I confirm that members have regular access to alcohol.</b></p>	

**DECLARATION**

**10. I confirm that the above information is correct and that on behalf of the organisation, I am applying for rate relief.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name and title: \_\_\_\_\_

Capacity in which signed: \_\_\_\_\_ Contact telephone No. \_\_\_\_\_

Address for correspondence: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Please return the completed form to Revenues Section, South Holland District Council, PO Box 8, Priory Road, Spalding, Lincs, PE11 2XQ. If you need any advice on completing this form please telephone Business Rates on 01775 761161.**

**Remember to tell us if there is a change of Treasurer/Secretary**

**Thank you.**

FOR OFFICE USE ONLY	PRN	DESC
	ACC: *	RV
APPROVAL/REFUSAL RECOMMENDED BY:	%	
AUTHORISED	ACTIONED BY: DATE:	