## **PUB RELIEF APPLICATION FORM**

| Business rates account number   |  |   |        |                   |
|---|--|---|--------|-------------------|
| Business address  |  |   |        |                   |
|   |  |   |        |                   |
| 1. Confirmation of eli  | igibility up to £1,000 P   | ub l  | Relief |                   |
| I confirm that the business, whos   | e account number I have detailed<br>the Rateable Value is below £100,0 | above   |        | e for this relief |
| It is wholly or mainly used as follo  | ows: and that the criteria below is                                    | met:  |        |                   |
| <ul> <li>Be open to the general public</li> <li>Allow free entry other than when</li> <li>Allow drinking without requiring</li> <li>Permit drinks to be purchased at</li> </ul> |  | rided   |        |                   |
| For these purposes, it should exc   | slude:   |   |        |                   |
| • Restaurants   | • Guesthouses/boarding houses  | • Mu  | seums  |                   |
| • Café  | <ul> <li>Sporting venues</li> </ul>                                    | <ul><li>Exhibition halls</li></ul>              |        |                   |
| • Nightclubs  | • Music venues   | • Cinemas                                       |        |                   |
| Hotels  | • Festival sites   | <ul><li>Concert halls</li><li>Casinos</li></ul> |        |                   |
| Snack bars  | • Theatres   | • Cas   | sinos  |                   |
| I confirm that I am authorised to   | Name of business sign on behalf of                                     |   |        |                   |
| Name:   |  |   |        |                   |
| Signature:  |  |   |        |                   |
|   |  | Day   | Month  | Year              |
|   |  |   |        |                   |
| Position  |  |   |        |                   |



Telephone number



## 2. Compliance with State Aid rules

Awards such as other Business Rates Relief are required to comply with the EU law on State Aid. If you have received any other De Minimis State Aid, including any other Relief you are being granted for premises other than the one to which this bill and letter relates, you must confirm that the award of any other Business Rates Relief does not exceed the €200,000 a business can receive under the De Minimis Regulations EC 1407/2013.

In terms of declaring previous De Minimis aid, we are only interested in public support which is De Minimis aid (State Aid received under other exemptions or public support which is not State Aid does not need to be declared).

If you have not received any other De Minimis State Aid, including any other Pub Rate Relief you are being granted for premises other than the one to which this bill and letter relates, please enter zero in the form below.

Under the European Commission rules, you must retain a copy of this letter for 3 years from the date on this letter and produce it on any request by the UK public authorities or the European Commission. (You may need to keep a copy of this letter longer than 3 years for other purposes). Furthermore, information on this aid must be supplied to any other public authority or agency asking for information on 'De Minimis' aid for the next three years.

| Amount of De Minimis aid       | Date of aid            | Organisation providing aid |     | Nature of aid |                      |
|--------------------------------|------------------------|----------------------------|-----|---------------|----------------------|
|                                |                        |                            |     |               | Business rate relief |
| I confirm that I am authorised | d to sign on behalf of | Name of business           |     |               |                      |
| Name:                          |                        |                            |     |               |                      |
| Signature:                     |                        |                            |     |               |                      |
|                                |                        |                            | Day | Month         | Year                 |
|                                |                        |                            |     |               |                      |
| Position                       |                        |                            |     |               |                      |
| Business address               |                        |                            |     |               |                      |
|                                |                        |                            |     |               |                      |
| Telephone number               |                        |                            |     |               |                      |
|                                |                        |                            |     |               |                      |

## REFUSAL OF PUB RELIEF FORM – IF STATE AID RULES EXCEEDED

I confirm that I wish to refuse Pub Relief in relation to the above premises.

Name of business

| confirm that | I am authorised to | sign on behalf of |
|--------------|--------------------|-------------------|
|--------------|--------------------|-------------------|

Name:

Signature:

Day Month Year

Position

**Business address** 

Telephone number

Please complete, print and return this form as soon as possible to:
The Revenues Service, Council Offices, Wallfields, Pegs Lane, Hertford SG13 8EQ
Alternatively click the send button below. This will open your email application and attach as a new message.

If you have a query about this form, please use the number below:

01279 655261 Ext 7223 or

email: business.rates@hertspartnership-ala.gov.uk

## Fair Processing Notice How we collect and use information

We will use the information you give in this form and in any supporting evidence you send us, to process and calculate your business rates. We will normally keep your records for up to seven financial years and then they will be destroyed securely.

In accordance with data protection laws the information you provide as part of your application will be used for the purposes of processing your application. We may share your information with other Council departments and where necessary our affiliated partners for the purposes of fraud protection and to comply with our statutory obligations. Further details about how we handle your information can be found in our privacy policy available here -

For East Herts the link is https://www.eastherts.gov.uk/dataprotection

For Stevenage the link is http://www.stevenage.gov.uk/about-the-council/access-to-information/200156/

Please complete, print and return this form as soon as possible to: The Revenues Service, Council Offices, Wallfields, Pegs Lane, Hertford SG13 8EQ

Alternatively click the send button above. This will open your email application and attach as a new message.

If you have a query about this form, please use the numbers below: 01279 655261 Ext 7223 or 01438 242876

email: business.rates@hertspartnership-ala.gov.uk