

## Application for Wales High Street and Retail Rates Relief scheme 2019/20

1. Account details for which relief is being claimed
Rate Account Number
Full Name of Ratepayer
2. Address of property for which relief is being claimed
3. Ratepayer's address (if different to above)
4. Please confirm how the property is used, e.g. butcher, travel agent etc.
5. I can confirm that my property/properties is/are wholly or mainly used for one of the categories listed on the Wales High Street Rates Relief Guidance.
Yes No
If your property is not used for one of the purposes listed in the High Street Rates Relief Guidance, but you believe that you may still qualify for the relief, please detail below the type of business that is conducted from the property. It may be necessary for the council to inspect your property to clarify this.

## **State Aid**

State Aid law is the means by which the European Union regulates state funded support to businesses. Providing discretionary relief to ratepayers is likely to amount to State Aid. Please complete the declaration overleaf.

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).

6. Has your company or b Relief in the last three y	usiness received more years? Please tick the re		including Retail Rate	
7. State Aid De Minimis I	<u>Declaration</u>			
(EC 1407/2013) the ratepa Minimis aid, including any two previous financial ye	ayer named overleaf shou retail relief awarded for the ears.	v on State Aid. Under the De ld not receive more than €20 nis property, within the <b>curre</b> eived for the current financia	00,000 in total of De ent financial year or the	
Amount of De Minimis Aid	Period aid granted for	Organisation providing aid	Nature of aid	
Should your circumstances change and you no longer meet the qualifying criteria, you must notify us so that the High Street Rates Relief can be reviewed from the date the change occurred.  8. Declaration:  By signing the form you agree that, to the best of your knowledge, the information contained on the form is complete and is not false. Wilfully making a false statement on the application form is an offence and may result in us taking legal action against you.  I declare that:  I am authorised to sign on behalf of the ratepayer named overleaf.  The form is completed correctly, to the best of my knowledge.  The ratepayer named overleaf shall not exceed its De Minimis threshold by accepting any retail relief granted.				
Full Name				
Position in Organisation				
Telephone Number				
Email Address				

Please return the completed form to: **Business Rates, Ty Elwyn, Llanelli, SA15 3AP**Or via email - **rates@carmarthenshire.gov.uk** 

For more information or advice, please contact the Business Rates Section via telephone on 01554 742330, or

email: rates@carmarthenshire.gov.uk