

Business Rates Hardship Relief



General Information

By law, Thanet District Council has the discretion to reduce or cancel business rates payments, if we are satisfied that the ratepayer would suffer hardship if we did not do so, and we think it is in the interests of Thanet's Council Tax payers.

Using Government guidance we will:

- decide each case on its own merits
- look at all relevant things that affect the ability of a business to meet its liability for rates, not just its financial hardship
- look at the 'interests' of Council Tax payers in a wider way than just direct financial interests. For example, where the employment prospects in Thanet would be worsened by a company going out of business, or the amenities of an area might be reduced by, for example, the loss of the only shop in a village.

Please note that the decision we make is final.

Business Rates Hardship Relief application form



Please fill in this form using black ink and BLOCK CAPITALS, then return it to:
Revenues & Benefits Service, Thanet District Council,
PO Box 9, Cecil Street, Margate, Kent CT9 1XZ

1 Business Rates account number (if known)

2 Name of ratepayer

3 Address of the property you are claiming relief for

4 Address for correspondence, if different from above

5 What type of business do you have?

6 How many people are employed by the business?

Full-time _____ Part-time _____

7 How many of these people live in the district of Thanet?

Full-time _____ Part-time _____

8 Please explain why you are applying for Hardship Relief (use additional sheets of paper, if necessary), and include:

- Reasons that have caused loss of trade or business
- Details of amenities or services that your business supplies to the area
- Period of time affected (when the situation started and how long this situation is likely to remain)

continue overleaf

9 Please explain how Hardship Relief could be shown as acceptable to Thanet Council Tax payers

10 Please enclose copies of the last 2 years audited accounts for the business. If you do not have audited accounts for the last year, please send un-audited accounts for this period.

Declaration

I certify that the details given are correct to the best of my knowledge and belief.

Signature: _____

Your full name: _____

Capacity in which signed: _____

Date: _____

Telephone number: _____

Email: _____

Fax number: _____