**EXPANDED RETAIL DISCOUNT APPLICATION FORM 2020/21**

**Please answer all questions and sign the declaration at the bottom of the form.**

|  |  |
| --- | --- |
| **Business Rates account number** |  |

|  |  |
| --- | --- |
| **Name of ratepayer** |  |

|  |  |
| --- | --- |
| **Name of organisation** |  |

|  |  |
| --- | --- |
| **Contact telephone number** |  |

|  |  |
| --- | --- |
| **Email address** |  |

|  |  |
| --- | --- |
| **Type of business** |  |

**Do you wish to claim the Expanded Business Rate Retail Discount on your premises?**

Yes No

* **I declare the information I have given on this form is correct and complete.**
* **I understand if I give information that is wrong you may take action against me.**
* **I agree to tell the Council within 21 days of any change in my circumstances that may affect my entitlement to the Business Rate Retail Discount.**

|  |  |
| --- | --- |
| **Signed** |  |

|  |  |
| --- | --- |
| **Date** |  |

|  |  |
| --- | --- |
| **Your position** |  |

**Please return your completed application form to us at businessrates@bathnes.gov.uk**

We will assess your entitlement and send you an amended bill if you qualify. You must tell us about any changes which may affect your entitlement to rate relief or an exemption. If you do not report a change, you may pay an incorrect amount for Business Rates and may even be investigated for fraud. If you would like more information on what changes to report please contact us.

Please note that we will only apply this relief to your business rates liability until 31.03.2021. From 01.04.2021 the relief granted will not be deducted from your bill.

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| This Business Rate Retail Discount form can be made available in a range of languages, large print, Braille, on tape and accessible formats from Customer Services. Email: businessrates@bathnes.gov.uk |