

For Office Use	
Our Ref:	
Date received;	
Application no;	

Director of Customer Services
 Allerdale Borough Council
 Allerdale House
 Workington
 CA14 3YJ



Please read the enclosed guidance notes before completing
 Please complete in **BLOCK CAPITALS** and **BLACK INK**

Application for Discretionary Rate Relief

The Applicant	
Name of organisation	
Full address of property	
Post Code	

Please answer ALL questions as fully as possible	
Is your organisation a registered charity?	Yes/No (please delete where applicable) If yes, please give your registered charity number
What are the aims and objectives of the organisation? A copy of the Rules/Articles or Memoranda of Association should be enclosed	
Who controls the organisation?	
Who would receive any assets on dissolution? Copies of the full audited accounts for the last TWO years MUST be enclosed	
Who determines membership applications?	
Who may be members and are there difference categories of membership? What are the proportions of each category?	
Do most of your members reside in Allerdale?	Yes / No
How are members recruited? Do you seek them out or they seek you out?	
Are the facilities/premises made available to people other than members, e.g. schools, casual public sessions, etc., and if you charge on what basis is the charge made? Give the names of such users and approximate amounts of usage	
Are the premises rented?	Yes / No

If not, from where was the construction or purchase finance obtained?	
Does the organisation run a bar?	Yes / No
If yes, is it a profit or non-profit making bar?	
Is your organisation affiliated to local or national organisations?	Yes / No
If so, please give details	
If there are any other factors you would like the Council to consider as part of your application please give details	
HAVE YOU REMEMBERED TO INCLUDE THE FOLLOWING WITH YOUR APPLICATION?	
A copy of the Rules/Articles or Memoranda of Association	Yes / No
Copies of last 2 years audited accounts.	Yes / No
Have you answered all the questions?	Yes / No
If you have answered NO to any of the above, consideration of your application may be delayed.	
Your Name	
Signature	
Capacity in which signed (i.e., Secretary, Treasurer, etc.)	
Correspondence Address	
Date	
Telephone Number	

Please return to;

Director of Customer Services
Allerdale House
WORKINGTON
CA14 3YJ
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