

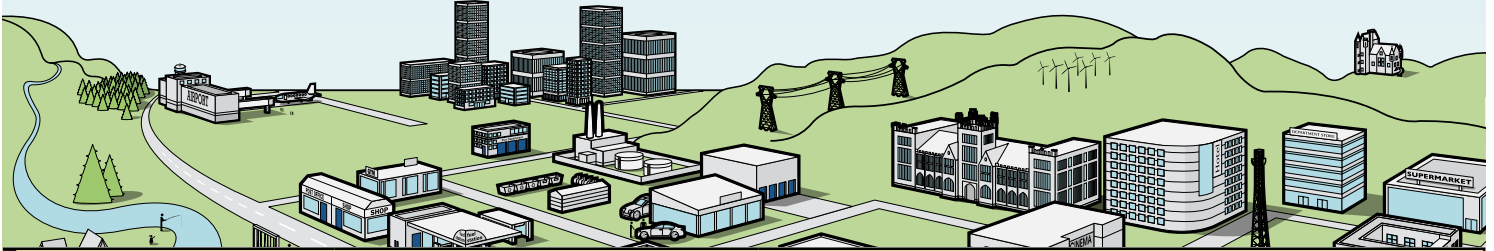
# REQUEST FOR INFORMATION FOR THE NON-DOMESTIC REVALUATION



**REVAL 2015 NI**  
REBALANCING BUSINESS RATES

## FORM OF RETURN: B&Bs, GUESTHOUSES, HOSTELS

Please complete in black ink.



**ENTER YOUR PROPERTY ID**

Your Property ID is on the enclosed letter.  
If letter is missing, call 0300 200 7801.

### PART 1 – OCCUPIER DETAILS

### NOTES

1.1 Trading name	<input type="text"/>
1.2 Contact name	<input type="text"/>
1.3 Daytime phone number	<input type="text"/>
1.4 Mobile phone number	<input type="text"/>
1.5 Email address	<input type="text"/>
1.6 Name of managing agent (if applicable)	<input type="text"/>
1.6a Managing agent's phone number	<input type="text"/>

### PART 2 – OWNERSHIP DETAILS

2.1 Do you own and occupy these premises?

No — **Go to Part 3**

Yes — Go to question 2.2

2.2 Was the property purchased in the last five years?

No — **Go to Part 4**

Yes — Please give details below

2.2a Purchase price

£

2.2b Date of purchase

DD/MM/YYYY

**Now go to PART 4 and complete the remainder of the form.**



## PART 5 – GUEST ACCOMMODATION ONLY

**5.1** Please enter the relevant number of guest bedrooms in each box.

	Room type	Ensuite	Wash hand basin only	No facilities	Total number of rooms
<b>5.1a</b>	Single	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>5.1b</b>	Double	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>5.1c</b>	Twin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>5.1d</b>	Family	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>5.1e</b>	Suite	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**5.1f** Please give **total number** of guest bedrooms

**5.2** Other guest rooms — Tick as appropriate and give numbers.

	Number
<input type="checkbox"/> Dining room(s)	<input type="text"/>
<input type="checkbox"/> Lounge/TV room(s)	<input type="text"/>
<input type="checkbox"/> Games room(s)	<input type="text"/>
<input type="checkbox"/> Conservatory	<input type="text"/>
<input type="checkbox"/> Other — Please give details below	<input type="text"/>

**5.2a** Details of other guest rooms.


**5.3** Do you offer other facilities to the public, e.g. restaurant or leisure facilities?

- No  
 Yes — Please give details below

**5.3a**


**Question 5.1**

If there are no rooms of a particular type please enter 'none/zero'.  
 The 'Total number of rooms' column is the total number of rooms in each row.

## PART 6 – STAFF ACCOMMODATION ONLY (EXCLUDING OWNER/MANAGER)

**6.1** Please enter the relevant number of staff bedrooms in each box.

Room type	Ensuite	Wash hand basin only	No facilities	Total number of rooms
<b>6.1a</b> Single				
<b>6.1b</b> Double				
<b>6.1c</b> Other staff accommodation (please specify)				

**Note for 6.1**

If there are no rooms of a particular type please enter 'none/zero'.  
The 'Total number of rooms' column is the total number of rooms in each row.

## PART 7 – OWNER/MANAGER ACCOMMODATION ONLY

**7.1** Please enter the relevant number of owner/manager bedrooms in each box.

Room type	Ensuite	Wash hand basin only	No facilities	Total number of rooms
<b>7.1a</b> Single				
<b>7.1b</b> Double				
<b>7.1c</b> Other owner/manager accommodation (please specify)				

**Note for 7.1**

If there are no rooms of a particular type please enter 'none/zero'.  
The 'Total number of rooms' column is the total number of rooms in each row.

## PART 8 – OCCUPANCY DETAILS

**8.1** During what period(s) of the year are the premises open for business?


**Question 8.1**

For example, all year, July and August, etc.



## PART 12 – DECLARATION **Complete in all cases**

To the best of my knowledge and belief the information I have given in this form and any attachments is correct and complete. If I provide, or allow anyone else to provide information which I know to be false, I may be prosecuted.

12.1 Signature	<input type="text"/>	<b>Question 12.4</b> If you are signing on behalf of a business, please give your position. For example, partner or director, agent.
12.2 Name (in CAPITALS)	<input type="text"/>	
12.3 Date signed	DD/MM/YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
12.4 Position	<input type="text"/>	
12.5 Daytime phone number	<input type="text"/>	
12.6 Email address	<input type="text"/>	

**Data Protection Act 1998:** Please note that the information on this form will be used by Land & Property Services for rating and valuation purposes, and maintenance of your rate account. Occasionally this information may be passed to other organisations and/or government departments when the disclosure complies with the Data Protection Act 1998. Land & Property Services is under a duty to protect public funds and to this end may use information provided on this form for the prevention and detection of fraud.

### THANK YOU FOR COMPLETING THIS FORM

Large format print copies of this form are available on request.  
Please phone, email or write using the contact details below.

**PLEASE  
RETURN  
COMPLETED  
FORM TO:**

**Land & Property Services**  
Reval 2015 NI  
PO Box 2104  
BELFAST  
BT1 9RB

**CONTACT US**

**Email:** [info@reval2015ni.gov.uk](mailto:info@reval2015ni.gov.uk)  
**Call:** 0300 200 7801  
(Outside UK: +44 28 9051 4613)  
**Textphone:** 18001101  
**[www.reval2015ni.gov.uk](http://www.reval2015ni.gov.uk)**