	REQUEST FOR INFORMATION FOR THE NON-DOMESTIC REVALUATION FORM OF RETURN: B&Bs, GUESTHOUSSES, HOSTELS Please complete in black ink.						
	ENTER YOUR PROPERTY ID		ty ID is on the enclosed letter. hissing, call 0300 200 7801.				
	PART 1 – 0CC	UPIER DETAILS	NOTES				
1.1	Trading name						
1.2	Contact name						
1.3	Daytime phone number						
1.4	Mobile phone number						
1.5	Email address						
1.6	Name of managing agent (if applicable)						
1.6 a	Managing agent's phone number						
	PART 2 – OWNERSHIP DETAILS						
2.1	Do you own and oc	cupy these premises?					
		No — Go to Part 3 Yes — Go to question 2.2					
2.2	Was the property p	urchased 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 3 – LEASE DETAILS (IF APPLICABLE)

3.1	When did your leas	e or agreement start?		Question 3.1
		DD/MM/YYYY		This is the date you actually agreed the rent. If you have a lease or written agreement, this is the date it was signed.
3.2	What is the length	of your lease?		Question 3.2
		years	months	The first few paragraphs of a lease or written agreement usually give its length. For example, 'The term is for 25 years' or 'The lease period is 25 years'.
3.3	If applicable, what a	are the rent review inte	ervals in your lease?	If the length is open-ended, leave the years and months boxes blank.
				Question 3.3
3.4	What was the date	of the last rent review	?	For example, 3 years/5 years.
				Question 3.5
		DD/MM/YYYY		Enter annual amount, even if you pay monthly or quarterly.
3.5	What is the current	annual rent (excluding	g VAT)?	Your lease should state whether your rent includes VAT. If it does, please give the amount you pay excluding VAT.
		£		Question 3.6
3.6	Who is responsible	for the following costs	\$?	Tick landlord if the landlord directly pays the bills for the item without any contribution from the tenant.
		Landlord	Tenant	Tick tenant if the tenant(s):
260	Outside repairs			pays the bill for this item directly;
3.0a				pays the landlord a sum of money.
3.6b	Inside repairs			Tick both boxes if the tenant and landlord share responsibility for this item.
3.6c	Building insurance			Note: Repair does not include decoration.
3.7	Does the rent inclu	de any amount for rate	25?	 Question 3.7 Tick No if this item is paid for directly by the tenant or
] No		landlord.
		Yes		• Tick Yes if this item is covered in the rent shown at question 3.5.
	PART 4 - NOR	THERN IRELAND	TOURIST BOAR	D (NITB) RATING
4.1	• •	is the property's NITB		
	tick the appropriate			
		Four star		
		Two star		
		One star		
			unclassified, have	
			lied for a star rating	
4.1a	Star rating			
	applied for			

	PART 5 – GUEST ACCOMMODATION ONLY						
5.1	in each heu					Question 5.1 If there are no rooms of a particular type please enter	
	Room type	Ensuite	Wash hand basin only	No facilities	Total number of rooms	'none/zero'. The 'Total number of rooms' column is the total number of rooms in each row.	
5.1a	Single						
5.1b	Double						
5.1c	Twin						
5.1d	Family						
5.1e	Suite						
5.1f	Please give t	total number	of guest bec	drooms			
5.2	Other guest r	rooms — Ticl	k as appropria	ate and giv	e numbers.		
					Number		
			Dining room(s)			
	Lounge/TV room(s)						
	Games room(s)			s)			
			Conservatory				
			Other — Pleas letails below	se give			
5.2a	Pa Details of other guest rooms.						
5.3	Do you offer other facilities to the public, e.g. restaurant or leisure facilities?						
	No						
E 2-		<u> </u> Y	′es — Please	give detai	Is below		
5.3a							

	PART 6 – STAFF ACCOMMODATION ONLY (EXCLUDING OWNER/MANAGER)					
6.1	Please enter the relevant number of staff bedrooms in each box.				Note for 6.1 If there are no rooms of a particular type please enter	
	Room type	Ensuite	Wash hand basin only	No facilities	Total number of rooms	'none/zero'. The 'Total number of rooms' column is the total number of rooms in each row.
6.1a	Single					
6.1b	Double					
6.1c	Other staff accommodat (please spec					
	PART 7 –	OWNER/	/MANAGEF	R ACCOM	MODATION	N ONLY
7.1	Please enter bedrooms in		t number of o	wner/manag	(er	Note for 7.1
	Room type	Ensuite	Wash hand basin only	No facilities	Total number of rooms	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.
7.1a	Single					
7.1b	Double					-
7.1c	Other owner/ manager accommodat (please spec					•
		- /	NCY DETA	ILS		
8.1		period(s) of	NCY DETA the year are t		open	Question 8.1 For example, all year, July and August, etc.

PART 9 - RECEIPTS INFORMATION

9.1	of your last three findate. If you were not	of certified receipts exc nancial years and state ot trading continuously o whole year, please stat					
9.1a	To the financial year ending or number of weeks	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY			
9.1b	Receipts	£	£	ـــــــــــــــــــــــــــــــــــــ			
9.2							
9.3	Please provide a br	reakdown of above recei	pts:				
9.3a	To the financial year ending	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	Question 9.3c		
	or number of weeks				meals not included with		
9.3b	Accommodation	£	£	£	accommodation. Question 9.3d		
9.3c	Food	£	£	3	For example, room hire,		
9.3d	Other	£	£	£	telephones, fitness suites.		
	PART 10 – FIR	RE CERTIFICATE					
10.1	Do you have a Fire Certificate (for over 6 persons)?						
	PART 11 – ADDITIONAL INFORMATION						
11.1	If you want to give any additional information, please do so below.						

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

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



Email: info@reval2015ni.gov.uk Call: 0300 200 7801 (Outside UK: +44 28 9051 4613)

Textphone: 18001101

www.reval2015ni.gov.uk