

## **Application for Small Business Rates Relief**

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Ratepayer Name:					
Business Rates Account number					
Ratepayer's contact address:					
			Postcod	e	
Ratepayer's contact telephone nun	nber:				
Ratepayer's email address					
<b>Property details</b> : Address of the business property					
			Postcode		
Are there any other business prem	ises in England	occupied by the	business?	Yes:	No:
If yes, please give the address:					
			Postco	de	
If there are more business premise and write the details on the back of	f this form.	cupied by the b which Relief			
Declaration: (This section must	be signed):			L	
I am the proprietor of this business		OR			
I am authorised to sign this form or	ו behalf of the ra	tepayer, as I ar	n at least or	e of the followin	ng:
(1) a member of the business partr	1ership	(2) A truste	e		
(3) A director of a corporate body		(4) Anothe	r type of aut	horised person	
Please state your relationship to th	e business				
I declare the information on this for information that is incorrect or inco prosecuting me or charging fines. I	mplete, you may	take action ag	ainst me. Th	is may also inc	lude
Signature		Date			
			D D	M M Y	Y Y Y

Name (block letters please)	

## Please send this form to: Islington Council, PO Box 34750, London N7 9WF

## Your personal information

Any personal information you give us is held securely and will be used only for council purposes. Information that was collected for one purpose may be used for another council purpose, unless there are legal restrictions preventing this. Islington Council may share this information where necessary with other organisations, including (but not limited to) where it is appropriate to protect public funds and/or prevent fraud in line with the National Fraud Initiative Guidelines. Please see www.islington.gov.uk/data protection for more information.