

Income and Awards P.O. Box 1761 Solihull, West Midlands B91 9RR

Application for Discretionary Rural Rate Relief (please complete using black ink)

Property Reference	Account Number						
Name	Trading Name						
Business address							
Rateable Va	alue						
Please indic	ate the type of business you are running (tick where appropriate):						
General Sto	Type of goods sold						
Post Office	Type of goods sold / services offered						
Public Hous	Type of goods sold						
Petrol Filling Station	Type of fuel sold						
How long has your lf you run a shop, what are your opening hours?							
	ne products or services you offer, Yes No nywhere else locally?						
Is your business ancillary to any other business in the locality? Yes No If you have ticked "Yes" please give the details below:							
Approximate	ely, what percentage of your customers comes from the local area?						
	ness convenient and easily accessible ly and disabled? Yes No						
	ness were to close, what would be the effect on the elderly and disabled in the local area? the details below:						

your business				any of these live war	/itnin
	siness support e fete / village l	local events or pro nall	jects?	Yes	No
If you have tic	ked "Yes" plea	se give the details	below:		
If you would li below:	ke to supply fu	rther information in	support of your a	application, please	give the details
satisfi The C the in write t I mus advise Declaration: I declate knowl I under I do s I will r	er to qualify for ed that the pre council must be terests of person to your local Patt continue to patt that my appare that the inference decided.	mises is used for persections liable to pay the paying the paying and making ay my Business Ralication has been sometion I have proceed an offence to proceed immediately (in	ourposes which are build be reasonable Council Tax. In g whether they suites instalments in uccessful. Divided is complete wide false information	e necessary for the re of benefit to the le to grant this relie order to do this, So apport your applicate full, by their due of e and accurate to the attion and that a fine re any changes while	local community. If having regard to blihull MBC may tion. Idates until I am the best of my amay be imposed if
Name PI	ease print		Signature		
Date	/	1	Capacity in which signed		
Your daytime Telephone nu	mber				
Your email ad	dress				
You do not have	to tell us vour inho	ne number and email a	ddress but it mav helr	o us to deal with your ar	oplication more quickly

Once fully completed, please return this form to the address shown on the front of this application form.

Data Protection - Fairer Processing Notice

Your information may be shared with other council services and partner organisations to ensure our records are kept accurate and to help us to identify services, reliefs or exemptions you may be entitled to or interested in. We may also need to share your information for the prevention and detection of fraud and/or other crimes or as the law requires. For further information about how we use your information please refer to the Council's Privacy Statement on www.solihull.gov.uk or contact systemscontrol@solihull.gov.uk