

**WIGAN COUNCIL**

**APPLICATION FOR RATE RELIEF FROM CHARITABLE AND SIMILAR ORGANISATIONS**

**Local Government Finance Act 1988 Sections 43 (6) and 47**

1.	<b>Name of organisation</b> (and address to which correspondence is to be sent)	
2.	<b>Full address of property on which relief is claimed.</b>	
3.	<b>Is the organisation a registered charity?</b> If yes please state registration number and enclose a copy of the registration certificate. If the property is exempt from registration please state grounds.	Yes                  No
4.	(a) <b>For what purpose is the property used?</b> (Please provide a copy of the organisation's rules - if any - and details of activities and the extent to which youth activities are promoted)  (b) <b>Number of members</b>  (c) <b>Annual subscriptions</b> (and date subscriptions were last increased)	<hr/> <hr/>
5.	<b>Is the property used by outside organisations?</b> If so, please provide details of the use and charges made.	
6.	<b>Details of income and expenditure.</b> (Please provide a copy of the latest audited accounts) and details of :- (a) Any grants or assistance received from breweries, local authorities etc.  (b) Income from gaming machines (etc.)	<hr/> <hr/>

7. <b>Profits</b> - please provide details of short and long term plans for the use of any profits - e.g. purchase of equipment, extension of facilities etc.	
8. <b>Does the organisation operate any membership exclusion policies based on sex, race or disability?</b> If so please provide details.	
9. <b>If the organisation is a national or multinational organisation, what percentage of the proceeds are used locally</b> - please provide details.	
10. Names, addresses and telephone numbers (if any) of the Officers of the organisation. (a) Chairman  (b) Treasurer  (c) Secretary	<hr/> <hr/> <hr/>

**PLEASE ENCLOSE YOUR CURRENT AUDITED ACCOUNTS AND ANY OTHER DETAILS WHICH YOU CONSIDER MAY ASSIST YOUR APPLICATION FOR RELIEF.**

I certify that to the best of my knowledge and belief the particulars given on this form are correct.

Signature ..... Date .....

Capacity in which signed

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This form, when completed, should be returned to: **-WIGAN COUNCIL at COUNCIL TAX OFFICES, MOORE STREET EAST, WHELLEY, WIGAN WN1 3DS**

OFFICIAL USE  
Further Details Required

www

No

Yes