

Discretionary rate relief application form Enterprise Zones

Section A - Business/organisation and property details

Please complete this section abo	out the property that you want relief for and the organisation that
Account reference	
Address of Property	
Business/organisation	
(Name or title of	
organisation applying for relief)	
Contact Name of contact and daytime t	elephone number
Address for correspondence if	different from property address
What type of business is run f	rom the premises?
villat typo of basilious to tall .	
Description of the property e.	g. office, light industrial unit

IMPORTANT *	detail as	possible. P	s section to apply for discretion lease continue on a separate a copy of your last two years	sheet of paper if necess
Number of Er	nployees (please make	e us aware of any plans to inc	rease employment)
Are the premi	ses occup	ied? If not,	please state proposed date of	occupation.
award, the a of De Minimi	shall comply bove name s aid (State mis Regula	d undertaking Aid) within the tions 1407/20	law on State Aid on the basis that shall not receive more than 200 he current financial year (or previous) (as published in the Official J	0,000 Euros in total cous two financial years).
Amount of	State Aid	Date of Aid	Organisation Providing the Aid	Nature of the Aid
Section D - Dec	claration			
As far as I knov	v and beli	•	ormation I have given is corrected to the corrected that the corrected	
				1101101

Position

Telephone number				
Email address				
I confirm that I am authorised To sign on Behalf of				
Signature				
Date				
Section E - Checklist and documents required				
Please provide copies of the f Copy of your last 2 years audite	•			
Please return completed form and supporting documents to: <u>economicdevelopment@eastsuffolk.gov.uk</u>				
Section F - Office use only				
Period of rate relief from	to			
Checked by:	Print name			
Approved by:	Print name			