

Business Rates - Change of Circumstances

THE OCCUPIER

Account Ref: (8 digits): _____

Date of issue: _____ / _____ / _____

Please provide the information requested below using BLOCK CAPITALS and return within 14 days to the above address. If you require any assistance please contact Revenues Services.

Part 1 – About you

<p>Full name(s) of business proprietors:</p> <p>Ltd company name: (if applicable)</p>	<p>Are you the: (please tick)</p> <p>Owner <input type="checkbox"/> Leaseholder <input type="checkbox"/> Licensee <input type="checkbox"/></p> <p>Other – please specify: _____</p> <p>_____</p>
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What was the completion date for the purchase of the premises? _____ / _____ / _____

or

What was the date your tenancy / lease started? _____ / _____ / _____

If the premises are rented please provide Landlords name: _____

and landlords address (if known): _____

Please provide your home address or registered office address: (if applicable) _____

Postcode: _____

Would you like us to use this address for correspondence? YES NO

Is the premises in use? YES NO If YES, please go to PART 3, If NO, please complete PART 2 & provide an alternative contact address in the section above

Continued overleaf..

Part 2 – UNOCCUPIED PROPERTY

Is there stock/furniture/equipment in the premises? YES NO If yes, date moved in: ____ / ____ / ____

Please give the reason why the premises are vacant e.g. undergoing renovation: _____

Part 3 – OCCUPIED PROPERTY

What date did move stock/furniture/equipment into the premises? ____ / ____ / ____

On what date did you start to trade? ____ / ____ / ____

Do you require an application form or information on any of the following:

Charitable Relief Rural Rate Relief Small Business Rate Relief

Payment – If you wish to pay by Direct Debit please complete the instruction below.

<p>Name (s) of Account Holder(s)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Bank / Building Society account number:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> </tr> </table> <p>Branch sort code:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table> <p>Signature(s)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>													<p>Originators Identification Number</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 16.6%; height: 20px;">9</td> <td style="width: 16.6%; height: 20px;">9</td> <td style="width: 16.6%; height: 20px;">1</td> <td style="width: 16.6%; height: 20px;">4</td> <td style="width: 16.6%; height: 20px;">7</td> <td style="width: 16.6%; height: 20px;">5</td> </tr> </table> <p style="text-align: center; font-size: small;">This information is required by RYEDALE DISTRICT COUNCIL</p> <p style="font-size: x-small;">Please indicate your preferred payment frequency and date:</p> <p><input type="checkbox"/> 1 Payment (April)</p> <p><input type="checkbox"/> 2 instalments (April & September)</p> <p><input type="checkbox"/> 4 instalments (April, June, September & November)</p> <p><input type="checkbox"/> Monthly instalments (Statutory Instalment Scheme)</p> <p><input type="checkbox"/> 1st day of the month <input type="checkbox"/> 15th day of the month</p> <p>Business Rates A/c No (if known):</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="text-align: center; font-weight: bold; font-size: small;">Banks and Building Societies may not accept Direct Debit Instructions for some types of account</p>	9	9	1	4	7	5
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DECLARATION- I hereby declare that the information provided on this form is true and accurate to the best of my knowledge and belief. I understand that I need to notify the Council within 21 days of any change in circumstances.

Signature: _____ Print name: _____

Contact telephone number: _____ Mobile no: _____

Email address: _____ Date: ____ / ____ / ____

Data Protection Act 1998 – The information provided on this form may be recorded on computer but will be treated as confidential and processed by the Council for any other purposes for the effective and efficient administration of official business. It may also be used for the purpose of crime prevention and detection of fraud.