

Email :businessrates@warrington.gov.uk

Date of issue

Account number

Retail Discount Application Form

1. Name of Ratepayer/owner.	
2. Full address of the property on which the discount is to be claimed. (Please include a postcode)	
3. Ratepayers address (If different from the address above)	
4. Account reference.	
5. What is the property used for (i.e. post office, pub.chemist ,hairdresser e.t.c)	
6. Is the use stated above the sole use of the property.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Retail Discount Application Form

This award shall comply with the EU law on State Aid on the basis that, including this award, the ratepayer/owner named overleaf shall not receive more than €200,000 in total of De Minimis aid within the current financial year or the previous two financial years.
 The De Minimis regulations 1407/2013 (as published in the official journal of the European Union L352 24.12.2013

Please list all previously received De Minimis aid below; including the total amount of this and any other Retail relief/discount you are being granted.

Amount of De Minimis	Date of Award	Organisation providing Award	Nature of Aid

Declaration

Please ensure that you have read the separate guidance notes carefully and have answered all the questions before signing the declaration

I declare that :

- **I am authorised to sign this form on behalf of the ratepayer/owner named.**
- **The form is completed correctly to the best of my knowledge and belief.**
- **I have read the separate guidance notes.**
- **The ratepayer/owner named shall not exceed its De Minimus threshold by accepting this retail discount.**
- **I confirm I understand the declaration.**

Full name :

Position in organisation e.g. secretary/treasurer :

Email address :

Daytime telephone number :