

Local Government Finance Act 1988 Section 44a (part occupation) Relief - Application Form

Please complete the form below and return it to:
Business Rates Team,
Revenues & Customer Support
York House
91 Granby Street
Leicester, LE1 6FB

Name	
Contact address	
Phone number	
Email	
Business Rates Reference	
Address of the property for which the application is made	
Date when the relevant area became vacant	
Explain in detail why the area is not occupied	
When do you expect the area to become occupied?	
Please enclose a detailed plan of the premises clearly showing the unoccupied area. Your application will not be assessed until a plan has been provided.	

Declaration

I confirm that the information provided above is correct.

Signature

Position in Business

Date

Email / Telephone

You must notify us immediately if there is a change in your circumstances which may affect your entitlement to this relief. **Now - please complete the State Aid information on the back.**

State Aid

Please detail any State Aid / De Minimis State Aid you have received during the last three years. *Please indicate the date the aid was received, the amount of aid and the scheme title. If you have not received any state aid (de minimis or otherwise) please enter "None".*

Date aid received	Amount of aid received (Euros)	Scheme title that offered the aid

I understand that I have a duty to declare any State Aid that my business has received in the last three years. I understand that if I knowingly or deliberately make a false statement regarding State Aid or the State Aid measure is declared unlawful that action may be taken against the business, including but not limited to action to recover the aid from the business with interest running from the date the aid was given.

Declaration

I confirm that the information provided above is correct.

Signature

Position in Business

Date

Email / Telephone