



Executive Director of Finance
Martin Booth
BA CPFA MBA

If Visiting:-
45 John Street
Glasgow
G1 1JE

Office Opening Hours:-
Monday to Friday 9.00am - 5.00pm

Email: ndr@fs.glasgow.gov.uk

Website Address: www.glasgow.gov.uk/ndr

Telephone Number:- 0141-287-7333

Phone enquiries: Monday to Friday 9.00am - 4.30pm

Phone payments: Monday to Friday 9.00am - 5.00pm

Postal Address:-
Financial Services
PO Box 36
Glasgow
G1 1JE

NON DOMESTIC RATES

APPLICATION FOR COMMUNITY AMATEUR SPORTS CLUB RELIEF (LICENSED & UNLICENSED)

Relief of 80% is available for Community Amateur Sports Club (Licensed & Unlicensed) organisations. Additional Relief of up to a maximum of 20% will also be considered. If the organisation is Licensed, the calculation of this Relief will also take into account the turnover generated from trading activities relating to Bar, Food, Tobacco and Gaming machines for the year 2002/2003, or the first full year thereafter.

To apply for Relief, complete the application overleaf and return to the above address. Please enclose the following documentation: -

- a copy of your 2002/2003 accounts
- a copy of the organisation's constitution and rules
- a certificate from the Inspector of Taxes confirming that your organisation is one which is acknowledged as a Community Amateur Sports Club.

If phoning or visiting please ask for Non Domestic Rates Department
Telephone no. 0141 287 7333

We aim to respond to enquiries within 20 days. Please allow us this time to update our records
Visit our website to sign up for e-billing, manage your account or check your balance: www.glasgow.gov.uk/ndr

You must tell us of any changes that may affect your bill. Help us keep your bill right by telling us straight away.

Glasgow City Council will never telephone you asking for your bank details to refund your Business Rates

Log on to www.glasgow.gov.uk/privacy to find out how we will use your information

APPLICATION FOR RELIEF OF RATES IN TERMS OF SECTION 98 OF THE CHARITIES AND TRUSTEE INVESTMENT (SCOTLAND) ACT 2005 (COMMENCEMENT NO. 1) ORDER 2005

Is the above property (or any other property associated with the organisation) licensed to sell alcoholic liquor?

YES/NO

If **Yes** please complete **Section A & Section B**

If **No** please complete **Section B**

Section A

1. I enclose in respect of the above noted property:

Audited accounts in respect of the organisation's financial year ending in the calendar year 2002/2003.

OR

If the organisation was not in existence in 2002/2003, or the turnover did not represent a full trading year, the first full year's set of accounts after 2002/2003.

Please state year of accounts submitted _____

2. I certify that the following figures of gross turnover (excluding VAT) extracted from the above accounts are correct:

Bar _____ Food _____

Tobacco _____ Gaming Machines _____

N.B. All sales included in the above headings must be shown including snacks, crisps etc. together with the gross receipts from all gaming machines, pool and snooker tables etc.

If the figures relate to a year later than 2002/2003 they will be adjusted to that year's level using the Retail Price Index.

If the organisation's catering is franchised and you are unable to supply these figures, please state the name and address of the franchise holder(s) for the year of accounts submitted.

Name: _____

Name: _____

Address: _____

Address: _____

Section B

1. RECREATIONAL / SPORTING
occupied for the purposes of a club, society or other organisation not established for profit,
and the property is wholly or mainly used for recreation etc.
Give brief details of purposes for which the property is used:

2. In order that your application is considered you must also supply copies of:
- (i) the constitution and rules of the organisation
 - (ii) latest audited accounts
 - (iii) a certificate from the Inspector of Taxes confirming that your organisation is one which is acknowledged as a Community Amateur Sports Club

3. I /We apply for relief of rates payable in respect of the above property.
- I /We certify that the information provided is correct at the date of signing this form and that I or my successors in the office will notify the rating authority if
- a) there is a change of use.
 - b) the organisation or a property associated with it is granted a license to sell alcoholic liquor

Signature _____

Appointment or position _____

Date _____

Daytime Telephone Number _____

Please return the completed application form to:

**Glasgow City Council
Non –Domestic Rates Department
PO Box 36
Glasgow
G1 1JE**