



BUSINESS RATES

Revenues & Benefits Services, Civic Centre, Carlisle, CA3 8QG

Telephone (01228) 817234

Typetalk 18001 01228 817000 Email: nndr@carlisle.gov.uk

Account number:
Property Reference:
Date:

BUSINESS RATES PROPERTY REGISTRATION FORM

Please complete & return this form with details of your purchase or lease and occupation of the property.

Full address of property _____

1. If the occupier is a **limited company** please complete the following

a) What is the full name of the company? _____

b) What is the registered address of the company? _____

c) Please provide the company number _____

d) What is the trading name of the company? _____

2. If the occupier is a **sole trader or partnership** please provide the full name(s)

Title	First name(s)	Surname
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Trading name _____

3. If the company is not a limited company, partnership or sole trader please provide the following details

a) Full name of the organisation _____

b) Registered address of the organisation _____

c) Name and address of the trustee or chairperson _____

Continued overleaf

4. Address for correspondence, including bills

5. Occupation details.

Date you first moved stock into the property _____

Is this your only business premises in England? Yes / No _____

6. If you DO NOT own the property please complete the following

Full name and address of the owner _____

Date your lease/licence commenced _____

Name and address of your solicitor _____

7. If you are the owner, please complete the following

Date of completion of purchase _____

Name and address of your solicitor _____

8. Have any structural alterations taken place recently? Yes / No

If yes, please give brief details _____

9. If you have moved from another property in this area please provide details

Address of property _____

Date stock moved out _____

Name and address of new occupier _____

(If known)

If you were the owner, date of completion of sale _____

If you were the tenant, date your lease/licence expired _____

Name and address of owner _____

10. Declaration. The information I have provided on this form is correct to the best of my knowledge and belief

Signed _____ Date _____

Print name _____ Capacity in which signed _____

Day time telephone number _____ Mobile number _____

(optional)

(optional)

Email address _____ Do you want to sign up for ebilling Yes/ No

(optional)