****[](http://www.kingmoorpark.co.uk/)

**Carlisle Kingmoor Park Enterprise Zone**

**Business Rates Relief Application Form**

Please complete this form to apply for Business Rate Relief within Kingmoor Park Enterprise Zone. Please ensure that you have read the Business Rate Relief Eligibility Guidance in the first instance to ensure that the business qualifies. To submit your application or if you have any questions about eligibility or completing this application, please contact Garry Legg, Investment and Policy Manager, Carlisle City Council on 01228 817160 or [Garry.Legg@carlisle.gov.uk](mailto:Garry.Legg@carlisle.gov.uk).

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| --- | --- | --- |
| 1. **Your business** | | |
| Name and address of your company’s head office | |  |
| Company Registration Number (if applicable) | |  |
| What is your company’s Standard Industrial Classification (SIC) code (as stated on your Companies House return)? | |  |
| What is your company’s primary activity & what will the premises be used for? | |  |
| Total number of employees currently within the organisation | |  |
| **2) The property where you are applying for EZ Business Rates Discount** | | |
| Full address (incl. post code) & indication on the attached map | |  |
| When did you/do you expect to sign a lease/acquire the property? | |  |
| **3) Sector Test** | | |
| Please demonstrate how the primary activity of the business aligns with one of the following key sectors or indirectly supports growth in those sectors (the basis on which EZ designation was granted) | | |
| * Nuclear engineering and energy | |  |
| * Advanced manufacturing | |  |
| * Storage, distribution and logistics | |  |
| **4) Businesses relocating from within Carlisle District** | | |
| Is your business relocating from an existing business premises within Carlisle District or expanding/moving within Kingmoor Park? | | Yes  No |
| If yes, please provide the address that you are relocating from (including postcode) | |  |
| If your business is relocating from within Carlisle District, please demonstrate, with evidence, your ability to achieve and sustain at least one of the following criteria over a 5 year period to meet the objectives of the ‘growth test’: | | |
| * To occupy larger business premises where it can be demonstrated that these are required to accommodate a planned expansion of the business and where the new premises represent a 30% increase in size (sqm) compared to the existing premises; OR | |  |
| * To increase permanent employment by 30% FTE in comparison to the existing number of FTE employees; OR | |  |
| * The need for the premises relates to the introduction of a business operation not currently present in the District of Carlisle and therefore a diversification of an existing business’ interests e.g. a new logistics centre in an example where a business already has a presence in the area but this is confined to a head office function; OR | |  |
| * It can be genuinely demonstrated that in the absence of relocation the business and its benefits would be lost to a location outwith the District of Carlisle. | |  |
| 1. **Please provide/attach any additional information that you consider relevant to support your application** | | |
|  | | |
| 1. **State Aid De Minimis Declaration (please see the BRR Guidance and attached links for further information on this)** | | |
| Have you, or any company within your business group, received or expect to receive any De Minimis State Aid in the current fiscal year or in the previous 2 fiscal years?  Yes  No | | |
| If yes, please provide details below:   |  |  |  |  | | --- | --- | --- | --- | | Organisation providing the assistance/aid | Value of the assistance | Date of assistance | Nature of assistance | |  |  |  |  | |  |  |  |  | | | |
| I acknowledge that I am authorised to sign on behalf of the company/organisation and understand the requirements of De Minimis. I confirm that the business/undertaking is eligible for BRR at the maximum De Minimis threshold level\* and that we are not a business/undertaking in difficulty. I acknowledge that if the company/organisation fails to meet the eligibility requirements, the company/organisation may become liable to repay the full Non Domestic Rates that would otherwise be payable by this relief in respect of the property.  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Please confirm below the level of BRR you consider your business is eligible for in the current fiscal year (if not the maximum) within the De Minimis guidelines and the date you would want relief to start from.  Value (£):  Date (dd/mm/yy): | | |
| **Declaration – to be signed by an authorised signatory (e.g. a Director/Partner)**  I/we confirm that the information provided above is correct to the best of my/our knowledge and belief.  I/we authorise Carlisle City Council to make any necessary enquiries to verify the information on this form, within the terms of the Data Protection Act 1988.  I/we understand that if claimed incorrectly, any relief awarded will be recovered.  I/we will declare any change of circumstances that may affect entitlement to the BRR to Carlisle City Council. | | |
| Signature |  | |
| Name |  | |
| Position in organisation |  | |
| Date |  | |

The award of BRR will be made on an annual basis and the businesses will be required to confirm continued eligibility each year. The business premises must be occupied in accordance with section 43 of the Local Government Finance Act 1988.

**FOR OFFICE USE:**

Account Number: …………………………… Ref No……………………………………….

Authority for granting relief ………………… Signed …...................................................

Approved: Signed: …….………………….. Date …………………………………………

