

# Non Domestic Rates

## Application for Disabled Relief

Your organisation must be liable to pay Non Domestic Rates to claim rebate. A separate application is required for each property your organisation is liable to pay rates for.

Please read the notes on the next page before completing the form.

You must complete this application form and provide all information requested before any award of disabled rebate can be considered. A visit to the premises will also be undertaken before a decision is made. A visit will be arranged once your completed form is received.

When completed please return this form and supporting documentation to:

West Lothian Council  
Revenues Unit  
Civic Centre  
Howden South Road  
Livingston  
EH54 6FF

If you need any help please contact us:

Telephone: 01506 282020  
(For the deaf or hard of hearing call our  
textphone service on 01506 591652)

Email: [BusinessRates@westlothian.gov.uk](mailto:BusinessRates@westlothian.gov.uk)

## Notes

The council will grant disabled rebate to the occupier of any premises occupied by a local authority or other body or individual where:

- half or more of the floor area is used exclusively for one or more qualifying purposes, or
- purposes ancillary thereto, or
- is available so to be used.

The qualifying purposes are:

- a) the provision of residential accommodation for the care of persons suffering from illness or the after-care of persons who have been suffering from illness;
- b) the provision of facilities for the training of such people;
- c) the provision of such accommodation or facilities as are mentioned in paragraph (a) or (b) above for disabled persons not falling within that paragraph;
- d) the provision of welfare services for disabled persons;
- e) the provision of facilities under section 15 of the Disabled Persons (Employment) Act 1944;
- f) the provision of a workshop or other facilities under section 3(1) of the Disabled Persons (Employment) Act 1958.

## Definitions

'Care' does not include the provision of medical, surgical or dental treatment.

'Illness' has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978.

'Welfare services' means services or facilities (by whomsoever provided) of a kind which a local authority have power to provide under the Social Work (Scotland) Act 1968.

## Legal References

- Section 15(1) of the Disabled Persons (Employment) Act 1944 states that facilities may be provided to enable persons registered as handicapped (who are unlikely either at any time or until after a lapse of a prolonged period to be able to obtain employment, or to undertake work on their own account) to obtain employment or to undertake such work under special conditions, and for the training of such persons for the employment or work in question. This may be because employment or such work would not be available to them or because they would be unlikely to be able to compete on terms comparable with those enjoyed by persons who are not subject to disablement.
- Section 3(1) of the Disabled Persons (Employment) Act 1958 states that the council shall have power to make arrangements for the provision of facilities for any of the purposes mentioned in relation to the provision for registered persons who are seriously disabled of employment, or work on their own account under special conditions, and of training for such employment or work.

## Completing the Form

Where required, please tick the appropriate box. If asked to give details, please provide as much information as possible. If there is not enough room on the form, please enclose a separate sheet.

**Please ensure that you enclose all relevant evidence in support of your claim**

# Non Domestic Rates Application for Disabled Relief

## 1. Non Domestic Rates Account Details

Name of organisation:

Account number

Address of property:

## 2. Use the Premises

Is 50% or more of the premises used for (please tick)

- a) the provision of residential accommodation for the care of persons suffering from illness or the aftercare of persons who have been suffering from illness. Yes  No
- b) the provision of facilities to train or keep suitably occupied persons suffering from illness or the aftercare of persons who have been suffering from illness. Yes  No
- c) the provision of residential accommodation for the care of disabled persons. Yes  No
- d) the provision of facilities to train or keep suitably occupied disabled persons. Yes  No
- e) the provision of welfare services for disabled persons. Yes  No

If yes, please provide details below of the type of welfare services provided:

- f) the provision of facilities under section 15 of the Disabled Persons (Employment) Act 1944; Yes  No
- g) the provision of a workshop or other facilities under section 3(1) of the Disabled Persons (Employment) Act 1958. Yes  No
- h) Are the premises used for purposes other than those mentioned in questions a) to g) above? Yes  No

If yes, please provide details:

Please provide further details on the use of the premises, clarifying the types of illness or disability the users suffer from:

### 3. Date of Rebate

From what date are you claiming rebate:

### 4. Supporting Evidence

**The following evidence should be provided in support of your application**

- a) A plan or drawing showing the layout of each floor within the premises and indicating the use of each room or section. Architect plans/drawings are preferred but hand written plans/drawings are acceptable.
- b) Memorandum of Association or Constitution of the organisation.

By law West Lothian Council must protect the money we manage. We will share information you give us with other organisations responsible for auditing or managing public funds, to prevent and detect fraud.

### 5. Declaration

I declare that to the best of my knowledge the information given by me is true and correct.

I understand that the council will make all necessary enquiries to confirm the details of this application. This may include checking and sharing information with other services within the council, other councils or other government departments.

I agree to inform the council immediately of any change that may affect entitlement to rebate. Failure to do this will result in any entitlement to rebate being withdrawn retrospectively.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signatory Name (please print): \_\_\_\_\_

If signing on behalf of an organisation please state your position within the organisation:

\_\_\_\_\_

Contact Address: \_\_\_\_\_

Telephone (daytime) \_\_\_\_\_ Email \_\_\_\_\_