

# Business Rates Enquiry Form

Please complete this form in ink using BLOCK CAPITALS and return it to the Revenues Unit at:

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

Please tick the appropriate box where indicated by ✓

## Section A - Details of Property

1. Are you the (✓):    Owner                       Tenant     Sub Tenant

2. What date did your ownership, tenancy, or sub tenancy start?

3. What date did you move into the property?

4. Was the property empty before you moved in (✓)?    Yes     No

5. If you are the **owner** please give the name and address of your solicitor or buying agent.

If you are the **tenant** or **sub tenant** please give the name and address of your landlord.

6. Please give the name and forwarding address of the previous occupant.

## Section B - Account Details

1. Are you a (✓):	Limited Company	<input type="checkbox"/>	Company Registration Number	<input type="text"/>
	Registered Office Address	<input type="text"/>		
	Partnership	<input type="checkbox"/>	Name of partners	<input type="text"/>
	Sole Trader	<input type="checkbox"/>	Name of trader	<input type="text"/>
	Charity	<input type="checkbox"/>	Registered Charity Number	<input type="text"/>
	Other (please details)	<input type="text"/>		
2. Full trading name	<input type="text"/>			
3. What is your mailing address	<input type="text"/>			
4. Contact details: Telephone	<input type="text"/>			
Email	<input type="text"/>			

## Section C – Payments

1. How do you want to pay your Business Rates account (✓):

Direct Debit

A simple, safe and convenient way to pay. You are covered by the direct debit guarantee so if an error is made you are guaranteed a full and immediate refund from your bank or building society.

Please complete and return the enclosed direct debit instruction or call 01506 282020 (option 2) to set up your direct debit over the phone.

Bank Transfer  Debit/Credit Card/Online Payment  Council Information Service Centre

Do you want to pay in (✓):

Monthly instalments  Annual instalment

## Section D – Other Current or Previous Trading Addresses within West Lothian

1. Do you trade from another address (✓) ? Yes  (please complete question 3 and 4)

No  (please go to question 2)

2. Did you previously trade from another address (✓) ? Yes  (please complete questions 3 to 9)

No  (please go to sections E and F)

3. Please give your other or previous trading address within West Lothian.

4. Are you or were you the (✓): Owner  Tenant  Sub Tenant

5. Please give the date you moved out of your previous trading address.

6. Please give the date of sale or the date your tenancy ended at your previous trading address.

7. Did you empty the property when you moved out (✓)? Yes  No

8. If you were the **owner** please give the name and address of your solicitor or buying agent.

If you were the **tenant** or **sub tenant** please give the name and address of your landlord.

9. Please give name of the current occupier at your previous trading address. (if known)

## Section E - Reductions

There are a number of ways you can reduce your Business Rates charge. To reduce your charge you must meet certain rules. For further information please go to our website at [www.westlothian.gov.uk](http://www.westlothian.gov.uk) or contact the Revenues Unit where a member of staff will be able to help.

## Section F - Declaration

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.

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 relief. Failure to do this will result in any entitlement to relief being withdrawn retrospectively.

Signature:

Signatory Name (please print):

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

Contact Address:

Telephone (daytime) :

Email address :

**If you have provided us with an email address we will send your bill to you electronically.**

[Paragraph:BRDDMAND]