



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 Disabled Person Relief under the Rating (disabled persons) Act 1978

To qualify for relief in terms of the above act, premises must be used wholly or mainly for one of the purposes specified at No. 5 on the application form, or a purpose ancillary to those specified. Ancillary purposes could include office space or a laundry or canteen whose major purpose is to provide a service for the premises on which relief is claimed.

Council Policy requires that an application be supplemented by resident and staffing details. Please complete the following questionnaire and return it to the address noted overleaf along with your application form.

If phoning or visiting please ask for Non-Domestic Rates

Telephone no. 0141-287-7333

The Council is under an obligation to manage public funds properly. Accordingly information that you provide will be used to ensure all sums due to the Council are paid timeously. The information may also be used to prevent and detect fraud. It is also possible that this information may be shared for the same purposes with public bodies, including neighbouring Councils or other organisations which handle public funds.

1. Name of Organisation claiming Relief: _____
2. Description of premises on which Relief is claimed _____
3. Name of Home (if applicable): _____

INFORMATION REGARDING PURPOSES FOR WHICH THE PREMISES ARE USED

4. Are the premises used for any of the following? :
 - a) The provision of residential accommodation for the care or after-care of disabled persons or persons suffering from illness? **YES/NO**
 - b) The provision of facilities for training, or keeping suitably occupied, disabled persons suffering from illness? **YES/NO**
 - c) The provision of Welfare Services for disabled persons? If yes, provide details under Section 6. **YES/NO**
 - d) The provision for disabled persons of facilities for employment or work in terms of Section 15 of the Disabled Persons (Employment) Act 1944? **YES/NO**
 - e) The provision of sheltered employment by a local authority in terms of Section 3(1) of the Disabled Persons (Employment) Act 1958? **YES/NO**
5. Please state any ancillary or other purposes for which the premises are used other than those mentioned above.
6. Please use this space if you wish to expand further on the major purpose for which the premises are used.
7. Please enclose a plan or diagram of the layout of each floor of the premises, indicating against each room/section of the plan the use to which it is put. Hand written plans/diagrams will be accepted.

IF PREMISES ARE USED AS A HOME, PLEASE COMPLETE THE FOLLOWING QUESTIONS

8. Capacity of home _____ Persons

9. Staffing details:

a) Number in establishment: _____

Number in post: _____

Number holding approved nursing and/or residential care qualification: _____

b) Please provide details of the post designations.

10. Resident's Details

Number of Residents _____

INITIALS OF RESIDENTS	AGE	DATE OF ADMISSION	NATURE OF ILLNESS OR DISABILITY

Continued...

INITIALS OF RESIDENTS	AGE	DATE OF ADMISSION	NATURE OF ILLNESS OR DISABILITY

11. I declare that the information given in this application form and detailed on the enclosed plan/diagram is correct. I undertake to notify you if the use to which the premises are put changes.

Name (please print) _____

Signature: _____

Position in organisation: _____

Date: _____

Please return this form to:

**Glasgow City Council
PO Box 36
45 John Street
Glasgow G1 1JE**