

Application for Business Rate Relief – Newhaven Enterprise Zone (2019/2020)

Part 1. About Your Business	
Name of ratepayer ("Ratepayer")	
LDC Business Rates Account Reference Number (if you have one)	
Correspondence address & contact details (incl. telephone & email)	Tel: Email:
Is the Ratepayer a limited company? Please supply the company registration number if applicable	
If the Ratepayer is an entity other than a company, please provide full details including registration number as applicable	
Is the Ratepayer a registered charity? Please supply the charity registration number if applicable	
Does the Ratepayer occupy other business premises? If so, please provide the full address of each on a separate sheet	
Is the Ratepayer part of a group or holding company? If so, please provide details of the group's structure on a separate sheet	
What is your company's SIC code (as stated on your Companies House return)?	



Lewes District Council
www.lewes.gov.uk

Regeneration
Council Offices
Southover House, Southover Road
Lewes
East Sussex BN7 1AB
01273 471600
enterprisezone@lewes-eastbourne.gov.uk

Part 2. The Premises	
Address of the property where the Ratepayer is applying for rate relief, including postcode	
Does the Ratepayer own the above property?	
If no, please provide the landlord's name & address	
Have you moved into the property? If yes, please specify date you moved in. If no, please specify planned move in date	
Is your business relocating from within East Sussex? If yes, please specify postcode from which you are relocating	
What will the property be used for?	
Which Enterprise Zone site does the property sit within?	



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Part 3. Enterprise Zone

The aim of Newhaven Enterprise Zone is to stimulate business growth across eight key sites providing financial incentives and, where appropriate, support with simplifying the planning process. This in turn will help to create new employment and training opportunities for local residents, driving local and sub-regional growth.

How many people will be employed at these premises?	Full-time (35 hours + per week): Part-time (15-34 hours per week): Casual (less than 15 hours per week): Other (please specify):
What are your investment plans for the business over the next five years?	
What are your growth plans for the business over the next five years?	
How will you create employment & training opportunities for local residents?	
How many people do you anticipate employing at these premises in five years' time?	Full-time (35 hours + per week): Part-time (15-34 hours per week): Casual (less than 15 hours per week): Other (please specify):
Please confirm you have also submitted a copy of the Ratepayer's most recent accounts	



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Part 4. Signed Declaration

This application must be signed by the Ratepayer or, where the Ratepayer is a registered company or other entity, by a director or other authorised officer of that company or entity. Without exception, any refund of business rates as a result of this application and Enterprise Zone status will be made directly to the Ratepayer and not to a third party.

I confirm that:

- This form is correct to the best of my knowledge and belief.
- I am aware that any Business Rates discount that is incorrectly claimed will be repayable (with compound interest) to Lewes District Council.

Signed acting for and on behalf of the Ratepayer:

Name:

Position in Ratepayer organisation:

Date:

Part 5. Confirmation of Eligibility & Compliance with State Aid

Has the Ratepayer received De Minimis State Aid during the previous three fiscal years (this being the current fiscal year and the previous two fiscal years)?

Please declare support which is De Minimis aid received under the Regulations (as defined below), Commission Regulation (EU) No 360/2012 of 25 April 2012 on the application of Articles 107 and 108 of the Treaty on the Functioning of the European Union to de minimis aid granted to undertakings providing services of general economic interest and any other relevant de minimis regulation.

Please also declare any support towards the same costs as will be covered by the Business Rate Relief which is being provided under a block exemption or notified scheme.

If yes, please provide details below.

Organisation providing the assistance / aid	Value of Assistance (please state in Sterling)	Date of Assistance	Nature of Assistance

I confirm that I have read and understood the European Commission Regulation (EU) No 1407/2013 of 18 December 2013 on the application of Articles 107 and 108 of the Treaty on the Functioning of the European Union to de minimis aid, as published in the Official Journal of the European Union 24 December 2013 (OJ L 352 24.12.13, p1.) ("the Regulations") and acknowledge that any Business Rate Relief is being paid as de minimis aid under the Regulations.

I understand that De minimis aid is deemed granted at the moment the legal right to receive the aid is conferred on the Ratepayer irrespective of the date of payment of the de minimis aid and the value of the aid paid for the purpose of converting it into Euros is based on the Commission exchange rate at that date.

I can confirm that none of the exceptions set out in Article 1 of the Regulations apply to the Ratepayer so as to make them ineligible for the payment of the Business Rate Relief as de minimis aid at the date of this declaration.

I understand that, if claimed incorrectly, any relief awarded will be repayable to Lewes District Council (with compound interest). I also understand that where the aid received is recoverable, it will be for the full amount of the aid regardless of whether only part of it exceeds the de minimis threshold.

I confirm that I am authorised to represent the Ratepayer and that the information provided is accurate for the purpose of the Regulations.

Signed acting for and on behalf of the Ratepayer:

Name:

Position in Ratepayer organisation:

Date: