**Sligo County Council**

A body of water with flowers and buildings around it

Description automatically generated with medium confidence

**COMMERCIAL RATES INCENTIVE SCHEME**

**2024**

**APPLICATION FORM**



**This form should be completed in advance of commencing in business in County Sligo and submitted to** [**rates@sligococo.ie**](mailto:ratesincentive@sligococo.ie) **or Rates Department, Finance Section, Sligo County Council, Riverside, Sligo, F91 Y763.**

**Please note that incomplete application forms will be returned.**

**Applicant Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I confirm that the Annual rates liability is no more than €30,000 on the subject premises | |  | | |
| Name of Applicant: | |  | | |
| Primary Contact Address of Applicant (including Eircode): | |  | | |
| Primary Contact Telephone Number: | |  | | |
| Contact Email Address | |  | | |
| List any commercial properties previously occupied by the applicant within Sligo County Council’s functional area in the past 12 months | |  | | |
| **Property Details** | | | | |
| Address of rateable premises: | |  | | |
| Eircode of rateable premises: | |  | | |
| Valuation Office Property Number:  (If known) | |  | | |
| Is the property owned or leased by the applicant? | |  | | |
| If property is owned by the applicant, please provide evidence of ownership eg: Copy of Folio/Land Registry details. | |  | | |
| If leased, state length of lease:  (Please attach a copy of the lease signed by both parties) | |  | | |
| Name and address of owner of property (if not owned by applicant) | |  | | |
| Valuation Office ID (if known) | |  | | |
| Length of time the unit has been vacant. | |  | | |
| **Proposed Use Details** | | | | |
| What is the proposed use for the property? (must provide detail (i.e.) stating Retail Outlet is not sufficient). | | |  | |
| |  |  | | --- | --- | | Are all consents/permissions in place for the proposed use?  (Please provide planning reference numbers where known) |  | | | |  | |
| **Financial Details** | | | |
| Are all local authority charges paid in full by the applicant in relation to any previously occupied properties by the applicant within the function area of Sligo County Council? |  | | |
| Are all local authority charges paid in full in relation to this property? |  | | |
| PPSN/VAT Registration Number of Applicant?  Please provide copy of Current Tax Clearance Certificate |  | | |
| Has Section 32 Local Government Act 2014 been complied with? If yes, please provide details |  | | |

**DISCLOSURE OF INFORMATION – FREEDOM OF INFORMATION ACT**

Sligo County Council wishes to advise applicants that, under the Freedom of Information Acts 1997/2003 the information supplied in the application form may be made available on request, subject to Sligo County Council’s obligations under law.

I declare that the particulars provided on this application form are accurate and correct.

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |
| --- | --- |
| **Application Form Checklist**  **Vacant Premises Incentive Scheme**  **Office Use Only** | |
| *Date received:* | *FI request date:* |
| *Decision due:* | *FI received date:* |
| *Amended due date:* | *Staff Initials:* |
| ***Checklist Item:*** | ***Tick/Include Details***  ***(as appropriate)*** |
| Declared Qualifying Use: |  |
| Completed application form |  |
| Premises has been listed in Sligo County Council's Rate Book on 31st December of the previous year? | YES/NO |
| Applicable VO Property Number: |  |
| Evidence of unit vacancy for 12+ months | YES/NO |
| Evidence submitted of ownership/lease for a minimum of 12 months of the premises | YES/NO |
| Section 32 Form submitted by the owner for the subject premises | YES/NO |
| Is the business a newly established business that has not traded in the County during the previous 12 months | YES/NO |
| Rates Customer Account Number |  |
| Have all commercial rates/contributions/local authority charges been paid in full for the subject premises? | YES/NO |
| Annual rates liability is less than €30,000: | YES/NO |
| Email placed on file confirming that there are no unauthorised development/enforcement proceedings on the subject premises: |  |
| Evidence of current Tax Clearance Certificate |  |
| Standing Order Form Completed |  |
| Has applicant discharged all outstanding local authority charges payable by them? | YES/NO |
|  | |
| **Application Decision:** | |
| Applicant Qualified |  |
| Applicant Disqualified |  |
| Further Information Required |  |
| If FI required/disqualified, state reason: | |
| *Recommended by:* |  |
|  | ***Rates Collector*** |
| *Approved by:* |  |
|  | ***Administrative Officer*** |
| *Endorsed by:* |  |
|  | ***Head of Finance/Financial Management Accountant*** |
| *Date decision notified to applicant:* |  |
| *Staff initials:* |  |