



Guildhall
 Marshall's Yard
 Gainsborough
 DN21 2NA
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 Web: www.west-lindsey.gov.uk

APPLICATION FOR HARDSHIP RELIEF UNDER SECTION 49 OF THE LOCAL GOVERNMENT FINANCE ACT 1988

Period of Application	
Name of Business	
Your Account Reference Number	
Address of premises on which relief is being applied for:	
Telephone Number	
Email Address	
What is the nature of the business?	
Is the business part of either a group of chain?	
How long has the business been trading at this address?	
How many people do you employ? Where do they live?	
Please provide your previous 2 years' audited accounts. Please provide details of your income and expenditure over the last 3 months if not covered in your audited accounts. Please provide your bank statements for the latest 6 months.	

Please explain below the reasons why you/your organisation should be considered for Discretionary Hardship Relief.

What measures are you taking to improve your situation?

Your application will not be processed unless all the details requested are completed and returned with this form.

I declare that the information I have given on this form is complete and accurate, to the best of my knowledge and that the Council may check the information given.

I also understand that whilst this application for relief is pending I am not entitled to withhold payment of the business rates due to the council.

Signature: _____ Date: _____

Full Name (please print): _____

Position: _____

**Please return your completed form to
Business Rates Section, City of Lincoln Council, City Hall, Beaumont Fee, Lincoln, LN1 1DB**