



**Non-Domestic Rates
Application form for Empty Property Rates Exemption**

Your Name:

The Property for which you are claiming:

Non-Domestic Rates reference:

Date

When completed, this form should be e-mailed to: **nondomesticrates@edinburgh.gov.uk**

or returned to:

Non-Domestic Rates Section
The City of Edinburgh Council
PO BOX 463
Edinburgh
EH7 9DJ

If you have any general enquiries or require help with completing this form, please phone 0131 469 5746

1. What date did the property become vacant? _____

2. Is the property a Listed Building? Yes No

3. Is the property included in the Schedule of Monuments? Yes No

4. Is the person entitled to possession of the property, one of the following: - Yes No

a) A Trustee under a Trust Deed for Creditors or award for sequestration.

b) The Executor of a deceased person.

c) The Liquidator.

5. Is the owner of the property a company that is being wound up? Yes No

6. Is the owner prohibited by law from occupying the property? Yes No

7. a) Does the property comprise of one or more buildings constructed or adapted for use in the course of trade or business and one of the following purposes: -

Yes No

b) Does the property comprise of one or more buildings constructed or adapted for use for any of the following purposes: -

Yes No

i) the manufacture, repair or adaptation of goods or materials to any process.

ii) the manufacture, repair or adaptation of goods or materials to any process.

iii) the subjection of goods or materials to any process.

iv) Storage (including the storage or handling of goods in the course of their distribution).

v) the working or processing of minerals.

vi) the generation of electricity.

c) Does the property comprise of any building or part of a building constructed or adapted for purpose of providing: -

Yes No

i) retail goods; or

ii) retail services (other than storage or distribution services)

8. What was the property last used for?

Declaration

Please read this declaration carefully before you sign and date it.

I declare that the information given on this form is correct and complete.

I authorise the Council to make any necessary enquiries to check the information.

I understand that if I give information that is incorrect or incomplete or fail to report changes in circumstances, I may be prosecuted.

Your signature

Date: / /

Your Name in block capitals:

What is your Capacity? (e.g. owner, tenant, agent, status within company business):

Please give your e-mail address:

Please give your phone number:

Please give your home address: