TE KAUNIHERA Ā ROHE O
WHAKAAHURANGI
STRATFORD
DISTRICT COUNCIL

63 Miranda Street
PO Box 320
Stratford 4352
Phone. 06 765 6099
stratford.govt.nz

Application for Rates Remission

for Community, Sporting and other Non-Profit Organisations

ORGANISATION DETAILS

Full name of organisation

Postal address

Rating Year for Remission Application *(Complete one):*

Full Rating Year

OR **Part** of the Rating Year *(if you've moved during the year)*

Physical Address for rates remission

Rates valuation ref

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1. Does the organisation own the property ○ Yes ○ No

If **No**, please attach evidence the organisation is responsible for rates: *(eg. lease agreement or rates invoice)*

2. Is any part of the property used by another organisation? ○ Yes ○ No

If **Yes**, please provide details as to the portion of the property used by your organisation, either area or percentage:

3. Which best describes your organisation? *(Select one)*

☐ Community group
☐ Incorporated society / Trust / Association
☐ Registered company
☐ Other – please specify

Charities Commission registration number

4. Does the organisation currently hold a liquor or club license? *(Select one)*

☐ No Licence
☐ Other – please explain
☐ Liquor Licence

5. Has your company received any rates remission from Stratford District Council in the last five years?

○ Yes
○ No

To ensure your organisation meets the Conditions and Criteria of the Remission for Community, Sporting and other Non-Profit Organisation's please confirm the reason or the application. *(Tick one)*

- ☐ To assist in the organisation's survival
- ☐ To make membership of the organisation more accessible to the general public, particularly disadvantaged groups. Please provide details below:

Describe the purpose and objectives of your organisation

Describe your organisation's target membership/clients and numbers

Describe the types of activities and/or programmers your organisation delivers

CONTACT DETAILS

Contact name	
Position in organisation	
Daytime phone number	
Email address	
Second contact person	
Position in organisation	
Daytime phone number	
Email address	

- [ ] I/we understand that the Stratford District Council is bound by the Local Government Official Information and Meets Act 1987.
- [ ] I/we consent to Stratford District Council recording the personal contact details provided in this application, and retaining and using these details for considering the application.
- [ ] I/we understand that our name, details about the amount of any remission made may be released to the media or appear in publicity material.
- [ ] I/we undertake that I/we have obtained the consent of all people involved to provide these details. I/we understand that I/we have the right to have access to this information. This consent is given in accordance with the Privacy Act 1993.

Signature | Date | | | | | | | | |

REQUIRED DOCUMENTATION CHECKLIST

Please ensure you have included the following documents with your application

- [ ] Your organisation's latest financial statements.
- [ ] Your organisation's constitution, rules or equivalent.
- [ ] Evidence of your organisation's legal status.
- [ ] Your organisation's lease or a rates invoice from your landlord.