## RATES REMISSION APPLICATION FORM

FOR COMMUNITY, SPORTING AND OTHER NON-PROFIT ORGANISATIONS PNCC.GOVT.NZ/RATES



ORGANISATION DETAILS							
Full name of organisation							
Postal address							
RATING YEAR FOR REMISSION APPLICATION / Complete one							
Full rating year [i.e. 1 July 2021 to 30 June 2022]	1 July	to 30 June		OR			
Part of the rating year [if you've moved during the year]							
Physical address for rates remission							
Rates valuation reference							
1. Does the organisation own the property?				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. Is there a charity shop or other business run from this property [by either your or any organisation]?							
Yes No							
4. Which best describes your organisation? / select one							
Community group		Incorporated society / trust / association					
Registered company							
Other / please specify							
Charities Commission registration number							
5. Does the organisation currently hold a liquor or club licence? / select one							
No licence Club licence							
Liquor licence							
Other / please explain							

6. Has your organisation received a	a grant or rates remission from Palr	nerston North Ci	ity Council in the last fi	ve years?	
No	Yes / rates remission		-		
Yes / grant / please provide	details	Date		Amount \$	
Project title					
Name of scheme					
To ensure your organisation meets the conditions and criteria of the remission for community, sporting and other non-profit organisations, please confirm the reason for the application / tick one					
To assist in the organisation's survival					
To make membership of the o	ganisation more accessible to the	general public, p	particularly disadvanta	ged groups	
Describe the purpose and objective	es of your organisation				
Describe your organisation's target	membership / clients and numbe	rs			
Describe the types of activities and / or programmes your organisation delivers					
If the organisation is holding a large cash / investment balance for a specific purpose or project please provide details					

CONTACT DETAILS				
Contact name				
Position in organisation				
Daytime phone number	Email			
Second contact person				
Position in organisation				
Daytime phone number	Email			
I/we understand that the Palmerston North City Council is bound by the Local Government Official Information and Meetings Act 1987.				
I/we consent to Palmerston North City 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.

Signed

Date

## **REQUIRED DOCUMENTATION CHECKLIST**

## PLEASE ENSURE YOU HAVE INCLUDED THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION

Your organisation's latest financial statement.

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.