

Revenues & Welfare Support

Civic Centre, Arnot Hill Park Arnold, Nottingham, NG5 6LU

Email:

revenues@gedling.gov.uk

Web:

www.gedling.gov.uk 0115 901 3946

Direct Line: Contact Centre:

0115 901 3901

Our ref:

909147728

Your ref:

Date:

29/12/2017

Healthwatch Nottinghamshire (Registered Charity) Suite 7-9 Arnold Business Centre Brookfield Road Arnold Nottingham NG5 7EU

Application by a Charity or Organisation claiming Mandatory/Discretionary Relief under Section 43, 45 and 47 of the Local Government Finance Act 1988

Dear Healthwatch Nottinghamshire (Registered Charity)

Please complete this entire application form and return it to the above address, the following supporting documentation should be included with your application: -

i) Copy of the Notice of Registration under the Charities Act 1960

ii) Copy of the memorandum and Articles/Rules of the Association (these will be returned after the application has been processed).

iii) Copies of the Audited Accounts and Balance Sheets for the last two years

If you have any queries, please contact Revenues & Welfare Support on the above direct line telephone number.

Yours sincerely

Duncan Adamson

Service Manager -- Revenues & Welfare Support

Name and Address of Charity or Organisation:

MEALTHWATCH NOTTINGHAMSHIRE,
SLITE 7, ARNOLD BUSINESS CENTRE,
BROOKFIELD ROAD, ARNOLD,
NOTTINGHAM, NO 5 TER

Please select which relief	Mandatory Relief		Discretionary Relief	
is being sought:	- Sections 43/45	-	- Section 47	

Details of the Charlty / Organisat	lon					
What are the main objects and purposes of the Charity / Organisation?	age, in	e in ne health	ed by	reco	on of youth, or francial harding	
Is it registered with the Charity Commissioners?		1	ion Numbe	1	1159968	
If exempt from registration, please state grounds:	12					
Please state what functions or purposes the property is used for:	OFF	ce s	PACE	;		
Additional Information Required for Discretionary Relief						
Is membership of your organisation open to all sections of the community, or are there any restrictions?	Non-n	nembe	whip	Ch-c	anty.	
Are the facilities made available to people other than the members, such as public sessions?	10					
Do you provide training or education for your members or any specific sections of the club?	ИО					
Are you affiliated to any National Organisations?	HEALTH	WATCH	ENG	LAN	D	
Are your premises licensed for the sale of alcohol?.	ИО		1		•	
Any other relevant information:		=	1			
DECLARATION						
I hereby certify that the particular knowledge and helief.	s given in t	his applica	ition are c	correc	t to the best of my	
Signature:			Date: Telephone	•	12.01.18	
Full Name: Capacity			Number:	402.12	5 963 5179	
which signed:CHAIR_			Email: in	fo a	healthwatch - motive.co.UK	
Address for Correspondence: Heauth	wates	NOTTIN			ire_Unit_7,	
Arrold	Busines	s Centr	e, Brow	olch	ed Rood,	
_Arada	_Note	nobam	NG	57	ER.	