

**A.**  Trading Title:

Address Claiming For:

Contact Address:

  

**NATIONAL NON DOMESTIC RATE**
 **APPLICATION FOR HARDSHIP RELIEF**

Account Ref. No: Telephone No:



E-mail: How many similar businesses in village/community

**B.**  **If you are currently trading, do you:**

1) Intend to continue to trade in the future? YES/NO

2) Are you intending to close down? YES/NO

 (Please state date of intended closure)

**C.**  **PLEASE SEND A COPY OF YOUR BUSINESS ACCOUNTS FOR THE LAST 2 FINANCIAL YEARS**

**INCOME**  **Year 1 (£)**  **Year 2 (£)**

 Average weekly turnover

Average weekly net profit

Investment income

Any other income (please give details)

**OUTGOINGS**

Rent/mortgage in respect of the subject property £
Staff wages £
Number of employees

**D.**  Please state here any further information or comments which you feel are relevant in support of your application for relief.



**DECLARATION**

I declare that the information provided is accurate:

**Signature:** .........................................................  **Date**........................................................

**YOU SHOULD COMPLETE AND RETURN THIS FORM TOGETHER WITH A COPY OF YOUR ACCOUNTS FOR AT LEAST THE PAST TWO YEARS AS**
**SOON AS POSSIBLE TO:**

**BUSINESS RATE SECTION, BODLONDEB, CONWY, LL32 8DU.**
**TEL: (01492) 576609**



**A.**Teitl Masnachu:

 **TRETHI ANNOMESTIG CENEDLAETHOL**

**CAIS AM GYMORTH CALEDI**

**.**

Cyfeiriad yr Hawliad:

Cyfeiriad Cyswllt:

Cyfeirif y Cyfrif: Rhif Ffôn:

E-bost: Sawl busnes tebyg sydd yn eich pentref/cymuned?

**B.**  **Os ydych eisoes yn masnachu o’r adeilad, a ydych chi’n:**

Os ydych eisoes yn masnachu o’r adeilad, a ydych chi’n:

1. Bwriadu parhau i fasnachu yn y dyfodol? YDW/NAC YDW
2. Bwriadu cau’r busnes? YDW/NAC YDW
3. (Nodwch dyddiad cau bwriedig) 

**C.**  **ANFONWCH GOPI O’CH CYFRIFON BUSNES AR GYFER Y 2 FLYNEDD ARIANNOL DDIWETHAF**

**INCWM**  **Blwyddyn1 (£)**  **Blwyddyn2 (£)**

 Trosiant wythnosol ar gyfartaledd

Proffid net wythnosol ar gyfartaledd

Incwm o fuddsoddiadau

Unrhyw incwm arall (rhowch fanylion)

**GWARIANT**

 Rhent/morgais ar yr eiddo dan sylw £
 Cyflogau staff £
 Nifer o weithwyr

 **D.**  Rhowch unrhyw wybodaeth ychwanegol neu sylwadau rydych yn teimlo sy’n berthnasol i gefnogi eich cais am gymorth.

**DATGANIAD**

Rwy’n datgan fod y wybodaeth a roddwyd yn gywir:

**Llofnod:** .........................................................  **Dyddiad**........................................................

**DYLECH LENWI A DYCHWELYD Y FFURFLEN HON GYDA CHOPI O’CH CYFRIFON AM O LEIAF Y DDWY FLYNEDD DDIWETHAF CYN GYNTED A**
**PHOSIBL I:**

**ADAIN TRETHI BUSNES, BODLONDEB, CONWY, LL32 8DU.**

**FFÔN: (01492) 576609**