

BUSINESS SUPPORT GRANT

RATEPAYERS NAME
BUSINESS PREMISES ADDRESS

.....
BUSINESS TYPE

BUSINESS RATES ACCOUNT NUMBER

VAT REGISTRATION NUMBER (if applicable)

COMPANY NUMBER (if applicable)

BANK ACCOUNT DETAILS

SORT CODE	ACCOUNT NUMBER	ACCOUNT NAME

HAS YOUR BUSINESS BEEN ORDERED TO CLOSE DUE TO NATIONAL LOCKDOWN?.....

DID YOUR BUSINESS CLOSE DUE TO LOCALISED RESTRICTIONS PRIOR TO 5TH NOVEMBER?

WHAT DATE DID YOUR BUSINESS CLOSE?

WILL YOUR BUSINESS REOPEN WHEN RESTRICTIONS HAVE BEEN LIFTED?.....

IT IS YOUR RESPONSIBILITY TO NOTIFY HALTON BOROUGH COUNCIL SHOULD YOUR CIRCUMSTANCES CHANGE.

DECLARATION

By signing this form I declare the following:

The information on this form is correct and complete to the best of my knowledge and belief. I understand that it is a criminal offence to make a statement or representation that I know to be incorrect or to provide documentation that is false or I fail to disclose information to the authority where the law requires it, after this form is complete. If I do so I may be prosecuted. I understand Halton Borough Council is under a duty to protect the public funds it administers and to this end may verify the information I have provided on this form with other internal departments, government agencies, local authorities and private sector organisations for the purpose of billing, collection and recovery of business rates and for the prevention and detection of fraud. Halton Borough Council may also share this information with these agencies and other bodies' responsibilities for auditing or administering public funds for these purposes.

NAME	SIGNATURE	DATE
TELEPHONE NUMBER	EMAIL ADDRESS	

PRIVACY NOTICE: Halton Borough Council is the Data Controller for the personal information you provide. You can view the full privacy notice at <http://www.halton.gov.uk/privacynotices>