

Business in the excluded categories (See Waiver Scheme FAQs on [www.dlrcoco.ie/rates](http://www.dlrcoco.ie/rates)) may seek eligibility from Dún Laoghaire Rathdown County Council if it can be shown that the business was severely impacted by the pandemic. **Please note a Letter to accompany Application Form from Accountant/Managing Director confirming details of application must be provided.** The Council may request other documentary evidence to support eligibility.

In order to apply, please complete, sign and email to [rateswaiver@dlrcoco.ie](mailto:rateswaiver@dlrcoco.ie) by close of business on **23rd July 2021**.

### Rates Waiver application form for excluded categories

<b>Company/Business Trading Name</b>			
<b>LAID Number &amp; Customer No</b> *See enclosed letter			
<b>Property Address</b>			
<b>Contact Details</b>			
<b>Estimated Income Lost during 3 month period 1<sup>st</sup> April – 30<sup>th</sup> June 2021 due to COVID-19</b> Note: Eligibility requires demonstration that turnover does not exceed 25% of average weekly turnover in 2019			
<b>Evidence</b>		<b>Response</b>	
<b>1</b>	<b>Turnover in year 2019 €</b> 01 January – 31 December <b>2019</b>	<b>€</b>	
<b>2</b>	What is your <b>Turnover</b> for the <b>3 month period</b> 1 April - <b>30<sup>th</sup> June 2021</b>	<b>€</b>	
<b>Did you suffer a Closure of Business during 1<sup>st</sup> April – 30<sup>th</sup> June 2021 due to COVID-19</b>		<b>Yes</b>	<b>No</b>
<b>3</b>	If your business closed, what date did it close	<b>Date:</b>	

Can you supply any of the following further Supporting Evidence		Attached			
<b>4</b>	Evidence that the business was not considered an essential retail outlet or service and was thus forced to close	<b>Yes</b>		<b>No</b>	
<b>5</b>	Evidence of participation in the CRSS operated by Revenue	<b>Yes</b>		<b>No</b>	
<b>6</b>	Evidence of employment ceasing and employees availing of the PUP	<b>Yes</b>		<b>No</b>	
<b>7</b>	Copies of documentation submitted to a financial institution as part of the negotiation of relief measures with the financial institution.	<b>Yes</b>		<b>No</b>	
<b>8</b>	Copies of correspondence with Revenue to agree forbearance measures with regard to tax liabilities.	<b>Yes</b>		<b>No</b>	
<b>9</b>	Evidence of reliance on the Government Credit Guarantee Scheme or overdraft facilities or other borrowings for capital purposes.	<b>Yes</b>		<b>No</b>	
<b>10</b>	Other supporting evidence	<b>Yes</b>		<b>No</b>	

**DECLARATION:**

**I confirm that I have retained records in relation to the above and understand that I may be requested to provide any or all of them as part of the appeal process. I acknowledge that failure on my part to provide any information requested may result in my appeal being declared invalid.**

**SIGNATURE:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please Indicate as appropriate: Proprietor/Applicant Name and Position in Company/Accountant**

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*Tick Box: By submitting this form, I am confirming that all details are correct and true.\*  Type your name below\**

Print your name here:
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