

DÚN LAOGHAIRE RATHDOWN COUNTY COUNCIL

Occupation of Vacant Commercial Premises Incentive Scheme

APPLICATION FORM 2016

Please read the attached conditions prior to completing this form

All questions must be answered

Please write your answers clearly in block capital letters

Name of Applicant:	
Applicant Address	
Contact Telephone No.	
Contact email address	

Address of property subject to application for grant aid	
Have you provided 6 months vacancy evidence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the property owned or leased by the applicant. (provide evidence)	Owned <input type="checkbox"/> Leased <input type="checkbox"/>
If property leased, provide details of duration of lease being entered into:	
Date of commencement of lease:	
Area of property to be occupied	Basement <input type="checkbox"/> _____ m ² (_____ ft ²) Ground <input type="checkbox"/> _____ m ² (_____ ft ²) 1 st Floor <input type="checkbox"/> _____ m ² (_____ ft ²) 2 nd Floor <input type="checkbox"/> _____ m ² (_____ ft ²) 3 rd Floor <input type="checkbox"/> _____ m ² (_____ ft ²) 4 th Floor <input type="checkbox"/> _____ m ² (_____ ft ²)

What is the proposed use for the unit?	
Is this the approved use of unit?	yes <input type="checkbox"/> No <input type="checkbox"/>
Are you satisfied that all Local Authority charges are paid up to date (Please ensure the landlord has obtained a statement of clear charges from the Council)	yes <input type="checkbox"/> No <input type="checkbox"/>
Stage of Business	start up (<18months) <input type="checkbox"/> Growth (>18 months) <input type="checkbox"/>

List locations/address where currently trading (if applicable)	
Have you traded in DLR previously? List location(s) & trading period(s)	yes <input type="checkbox"/> No <input type="checkbox"/>

Any other information which may support your application	
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Annual Rates liability (€) for applicant property to be occupied: (to be completed by DLRCoCo)	
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Checklist

- evidence of ownership of unit or lease agreement
- evidence of property vacancy for minimum 6 months
- current tax clearance certificate
- all forms in attached appendices fully completed

Declaration

I have read and fully understand the terms and conditions of the Scheme.

I certify that all information provided in this application, and all information given in any documentation submitted in support of the application is truthful and accurate.

I confirm that, where required, I have applied for all relevant consents or permission, statutory or otherwise (copies attached).

The property is not in arrears as to any payments of rates or charges to the Council

Signed: _____

Date: _____

On behalf of: (company/ organisation's name): _____

Applications along with attached appendices below should be returned to:-

Georgina Sweetnam, Enterprise Unit, Dún Laoghaire Rathdown County Council:

gsweetnam@leo.dlrco.co.ie / 01 2054869

Appendix 1 – New Rates Account Information Details

Appendix 2 – Direct Debit Sign Up Form

Appendix 3 – Electronic Fund Transfer Form

Legal Name _____

Trading Name (if different from above) _____

Property Address _____

Address for invoices (If different from above) _____

Invoice delivery method: Post ___ Email ___ Email address for invoices _____

Contact in your Accounts Payable Dept _____ Direct No _____ Email _____

Tel No _____ Fax No: _____ Mobile _____ Website www. _____

Date of occupation dd/mm/yyyy __/__/____

Business Type:

Ltd Co Sole Trader Partnership Subsidiary* Other

Registered Number _____ * Parent Company _____

For Sole Traders & Partners
Name _____

Home Address _____

Have you previously or currently operate a business in the County Council's administrative area

If yes, Name _____

Address _____

Do you supply goods/services to the Council? Yes No

Is premises owner occupied: Yes No

Landlords Name/Address: _____

(If Applicable) _____

I confirm the details given above are correct. I will pay all invoices in full on or before the payment due date specified on the invoice (30 days from date of invoice). I note I may pay by instalment by contacting the Council to set up an instalment plan that is mutually acceptable.

Signed _____

Print Name _____

Position _____

Date _____

Dun Laoghaire Rathdown County Council Commercial Rates – SEPA Core Di



Unique Mandate Reference

OFFICE USE ONLY

By signing this mandate form, you authorise (A) Dun Laoghaire Rathdown County Council to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Dun Laoghaire Rathdown County Council.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields marked *

Debtor Name	*	
Debtor Address	*	
City	*	
Postcode		
Country	*	
Debtor account number - IBAN	*	
Debtor bank identifier code - BIC	*	
Creditor's name	*	D U N L A O G H A I R E R A T H D O W N C O U N T Y C O U N C I L
Creditor identifier	*	I E 3 5 Z Z Z 3 0 0 8 7 8
Creditor address	*	C O U N T Y H A L L M A R I N E R O A D D U N L A O G H A I R E
City	*	C O D U B L I N
Country	*	I R E L A N D
Type of Payment	*	<input type="checkbox"/> Recurrent Payment <input style="width: 80px;" type="text"/> <input type="checkbox"/>
Date of signature	*	D D M M Y Y
Signature(s) Please sign here	*	
Please PRINT NAME	*	

* Rate Account Number:

*Customer No

*Contact Telephone No: _____

*Contact Email Address: _____

DLRCC Office Use Only: Scanned <input style="width: 20px; height: 20px;" type="checkbox"/>	Payment Plan <input style="width: 20px; height: 20px;" type="checkbox"/>	Bank Ref: <input style="width: 30px; height: 20px;" type="text"/>	
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Dún Laoghaire - Rathdown County Council
Supplier Form for EFT (Electronic Fund Transfer)
PLEASE TYPE OR USE BLOCK CAPITALS ONLY
INCOMPLETE OR ILLEGIBLE FORMS WILL BE RETURNED
ALL SECTIONS MUST BE COMPLETED

Supplier Name: _____

Supplier Address: _____

VAT Number OR PPS Number

										VAT	
										PPS	

Supplier e-mail address: _____

Print e-mail address: _____

Bank / Building Society: _____

Branch Address: _____

Bank Sort Code:

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(Full 6 digits)

Account Number:

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(Full 8 digits)

BIC:

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(Max 11 digits)

IBAN:

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(Full 22 digits)

Name of Account: _____

Completed By: _____
Signature Block Letters

Authorised By: _____
Signature Block Letters

Position: _____ Date: _____