# LONGFORD COUNTY COUNCIL

# **Comhairle Chontae Longfoirt**



LONGFORD BUSINESS INCENTIVE SCHEME APPLICATION FORM

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| Company/Business Information |
| Company Name:  Contact Person:  Address:    Phone:  Email: |

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| Parent Company/Business (if applicable) |
| Company Name:  Contact Person:  Address:    Phone:  Email:  Website Address: |
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| Existing Business Relocating (if applicable) |
| Type of Business:  Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason for Relocating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of Employees:  Address of Business :    Phone:  Email: |

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| Proposed New Business (if applicable) |
| Type of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address of New Business:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total Number of Employees:  Opening Hours of Business:  (days/times)  Phone:  Email: |

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| Rent/Lease Agreement Details |
| Name of Landlord: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address of Landlord:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone:  Email:  Amount of Rent per year:  Length of Lease Agreement:  Copy of Lease Agreement: (Y/N) \_\_\_\_\_\_\_ |

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| Commercial Rates Details |
| ***(contact Rates Office for assistance in completing this section)***  **For Grant Calculation Purposes**  Term of property vacancy:  Name of previous business:  Rateable Valuation of property:  Property No./Account No.:  Does the property need revaluation:  (€250 fee to Valuation Office)  Amount of Rates due for Current Year: €\_\_\_\_\_\_\_\_ |

**Name of Applicant (in BLOCK CAPITALS):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

hereby applies to Longford Co. Council for  a Grant  under the Occupation of Vacant Commercial Premises Incentive Scheme . I undertake to abide by the terms of the Scheme.

I attach the following

* Evidence of unit vacancy exceeding 6 months.
* Evidence of ownership and occupation of unit (e.g. Land Registry Certificate) or 3 year lease agreement.
* Evidence of permissions/consents for proposed use
* Evidence of payment of contributions (if applicable), rates and local authority charges
* Tax reference/PPSN
* Evidence that expanding business is continuing in its current location and that all its obligations to the local authority are up to date.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company/Organisation’s name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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| **Disclosure of Information Freedom of Information Act.**  Longford County Council wishes to advise applicants that, under the Freedom of Information Act 1997, as amended, the information supplied in the application form may be made available on request, subject to Longford County Council’s obligations under law.  You are asked to consider if any of the information supplied by you in this application should not be disclosed because of sensitivity. If this is the case you should, when providing the information, identify same and specify the reasons for its sensitivity. Longford County Council will consult with you about sensitive information before making a decision on any Freedom of Information request received.  However, if you consider that none of the information supplied by you is sensitive, please complete the statement below to that effect. Such information may be released in response to a Freedom of Information request.  **Name of Applicant (in BLOCK CAPITALS):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby agrees that none of the information supplied is sensitive, and any, or all, of the information supplied, may be released in response to a Freedom of Information request.  **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Company/Organisation’s name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |