**KERRY COUNTY COUNCIL**

**WAIVER APPLICATION FORM FOR EXCLUDED CATEGORIES**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Business Trading Name** | |  | | | | | |
| **Rate Account Number** | |  | | | | | |
| **LAID** | |  | | | | | |
| **Property Address** | |  | | | | | |
| **Contact Details** | |  | | | | | |
| **Evidence** | | | **Response** | | | | |
| **Estimated Income Lost during 3-month period 01 January 2021 -** **31 March 2021 due to COVID-19**  Note: Eligibility requires demonstration that turnover does not exceed 25% of average weekly turnover in 2019 | | | | | | | |
| **1** | **Turnover in year 2019 €** 01 January – 31 December **2019** | | **€** |  | | | |
| **2** | What is your **Turnover** for the **3-month period** 01 January - 31 March **2021** | | **€** |  | | | |
| **Did you suffer a Closure of Business during 01 January 2021 - 31 March 2021 due to COVID-19** | | | **Yes** |  | **No** | |  |
| **3** | If your business closed, what date did it close | | **Date:** |  | | | |
| **Can you supply any of the following Supporting Evidence** | | | **Attached** | | | | |
| **4** | Evidence that the business was not considered an essential retail outlet or service and was thus forced to close | | **Yes** |  | **No** |  | |
| **5** | Evidence of participation in the CRSS operated by Revenue | | **Yes** |  | **No** |  | |
| **6** | Evidence of employment ceasing and employees availing of the PUP | | **Yes** |  | **No** |  | |
| **7** | Copies of documentation submitted to a financial institution as part of the negotiation of relief measures with the financial institution. | | **Yes** |  | **No** |  | |
| **8** | Copies of correspondence with Revenue to agree forbearance measures with regard to tax liabilities. | | **Yes** |  | **No** |  | |
| **9** | Evidence of reliance on the Government Credit Guarantee Scheme or overdraft facilities or other borrowings for capital purposes. | | **Yes** |  | **No** |  | |
| **10** | Other supporting evidence | | **Yes** |  | **No** |  | |

**DECLARATION**

**SIGNATURE (**Proprietor/Applicant Name and Position in Company/Accountant*)*

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

Type your name below\*

Type your name here: