**KERRY COUNTY COUNCIL**

**WAIVER APPLICATION FORM FOR EXCLUDED CATEGORIES QUARTER 2 - 2021**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Business Trading Name** | |  | | | | | |
| **Rate Account Number** | |  | | | | | |
| **LAID** | |  | | | | | |
| **Property Address** | |  | | | | | |
| **Contact Details (Email & Phone No.)** | |  | | | | | |
| **Evidence** | | | **Response** | | | | |
| **Estimated Income Lost during 3-month period 01 April 2021 -** **30 June 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 **2019** to 31 December **2019)** | | **€** |  | | | |
| **2** | What is yourTurnover for the **3-month period** 01 April **2021** to 30 June **2021** | | **€** |  | | | |
| **Did you suffer a Closure of Business during 01 April 2021 to 30 June 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** | Signed Financial Statements for Year End **2019** | | **Yes** |  | **No** |  | |
| **11** | Other supporting evidence | | **Yes** |  | **No** |  | |

**DECLARATION**

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**SIGNATURE** (Proprietor/Applicant Name)

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

Type your name & title (position in company) below\*

Type your name & title here: