



Borough Council

Revenues and Benefits Team
NNDR Section
PO Box 8045,
BURTON UPON TRENT
DE14 9JG

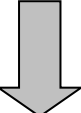
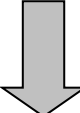
Business Rates – Is your business moving into a new property?

(If so, please fill in this form.)

Property reference number:

(For office use only)

Address of your new business property:	Address to send bills to (if this is different):	
Full names of the business partners:	Is this a limited company? (Please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trading name:	Is any part of the property in domestic use? (Please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Phone number:		
Please give the home addresses of the business partners, or if it is a limited company, the registered office address and the company registration number:		
Phone number:		
If this is a limited company, please give details below of the company directors.		
Name	Position they hold	Home address and phone number
Name and address of the previous occupier or owner (if you know it):		
Are you buying or renting the property? (Please tick)		Buying <input type="checkbox"/> Renting <input type="checkbox"/>
<i>Please turn over the page and fill in the other side.</i>		

Buying the property? (Please answer the questions below.) 	Renting the property? (Please answer the questions below.) 
The date you bought the property:	When does the lease begin?
Name and address of your solicitor:	Name and address of the owner of the property or person who you have to pay rent to (for example, your landlord or agent):

The date when any furniture or stock was placed in the property:	
Your previous business address and the date the property was emptied of furniture or stock:	
Were you the ratepayer at your previous address?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently paying Business Rates for any other business property? (If so please give the address below)	Yes <input type="checkbox"/> No <input type="checkbox"/>
The information I have given is correct.	
Signature:	Date:
Name (in block capitals):	Position:

If you want to pay your monthly instalments **by direct debit**, please indicate if you wish to pay on either 1st or 15th of each month. A direct debit mandate will be posted to you with your account.

If you need to contact us

Phone 01283 508030 9.00am – 1.00pm Monday - Friday	Email nndr@eaststaffsbc.gov.uk
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***Please make sure you fill this form in fully and return it within seven days.
This is so we do not send you an incorrect or incomplete bill.***