Business in the excluded categories (See Waiver Scheme FAQs on LCC website) may seek eligibility from Longford County Council if it can be shown that the business was severely impacted by the pandemic. The Council requests documentary evidence to support eligibility. In this circumstance, please apply to rates@longfordcoco.ie by end of business 23rd April.

**Waiver application form for excluded categories**

|  |  |
| --- | --- |
| **Company/Business Trading Name** |  |
| **Customer Number (Found on Rate Demand)** |  |
| **Property Address** |  |
| **Contact Details** |  |
| **Evidence** | **Response** |
| **Estimated Income Lost during 3 month period 01 January -** **31 March 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 - 31 March 2021due 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:

*Personal Data collected on this form is for the purpose of managing and administering this agreement between you and Longford County Council. We process this Personal Data under Article (6)(1)(b) of the General Data Protection Regulation (GDPR), processing is necessary for the performance of the contract. Further information on how Longford County Council process your personal data and your rights can be found on our Privacy Statement available on our website* [*https://www.longfordcoco.ie/your-council/data-protection/*](https://www.longfordcoco.ie/your-council/data-protection/) *or at any of our offices.*