Business in the excluded categories (See Waiver Scheme FAQs on DCC website) may seek eligibility from Dublin City Council if it can be shown that the business suffered a 75% loss in turnover for 01/01/2021 to 31/03/2021 when compared with the average weekly turnover for 2019**.** The Council requests documentary evidence to support eligibility. Please submit your application and supporting documentation to rateswaiver@dublincity.ie. **As the figures required relate to the period of 1st January 2021 to 31st March 2021 please do not submit applications until 1st April 2021. Applications received in advance of this will not be accepted. The closing date for applications is 14th April 2021.**

**Waiver application form for excluded categories**

|  |  |
| --- | --- |
| **Company/Business Trading Name** |  |
| **Property reference number (WRS)** |  |
| **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 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: