Comhairle Contae Thiobraid Árann
Tipperary County Council

Commercial Incentive Scheme Application Form

Applicant Details		
1	Applicant Name (if company provide details of owner(s)/directors)	
2	Applicant Address	
3	Contact Telephone Number	
4	Contact Email Address	
Details of Unit		
5	Address of property for which application is being made:	
6	Extent of property owned/occupied (Please tick all relevant floors)	☐ Basement ☐ Ground ☐ 1st Floor ☐ 2nd Floor ☐ 3rd Floor ☐ 4th Floor
7	Extend of ground floor commercial area Extend of first floor commercial area	_____ square metres _____ square metres
8	Is the property owned or leased by the applicant (please provide Land Registry docs and folio map or full Lease Details including lease map)	Owned Leased for ____ years
9	Length of time the unit has been vacant. (Please complete the attached Vacancy form from Rates Section and provide evidence of vacancy for six months prior to occupation. Please note that Vacancy Report should be witnessed/signed by a Peace Commissioner/member of an Garda Siochana)	

Details of Proposed Use		
10.	Does the property in question have planning permission for the proposed use? (Please provide Planning Application number)	
11	Does the proposed use comply with the permitted use or is there a change of use?	**OFFICE USE ONLY**
12	Date of Final Grant of Permission	
13	What is the proposed use of the unit?	
14	What will be sold in the unit? (List items to be retailed)	
15	What stage is the business at? (pre-start up, start-up, growth)	
16	Please confirm that the proposed use is not associated with any chain or franchise.	
17	Have you (the applicant or company or a connected person) registered a similar business within the last two years and if so, where? Please state Name/Number, Street, Town)	
18	Please attach a photograph of the front of the shop and a note regarding what the shop window will look like when it is open	

Financial Details		
19	Give the receipt number or attach copies of receipts for the following (if applicable) paid for the subject site: Development Contributions Water charges for applicable year Rates for applicable year	Tick as relevant □ □ □
20	Please complete the attached de Minimis grant aid form	□
21	Taxation Registration Number	

Further Information	
22	Use this section to submit any other details to support your application

Declarations
I declare that: The information provided by me in this application is truthful and accurate and this property has not been open for trade by myself in the two years preceding this application:
Signed (by Applicant):
Date:
Please note that information provided on this form may be shared with other local authorities or public bodies.

Checklist	
1. Signed Application Form	
2. Under the De Minimis Regulation (EC) No 1998/2006 a declaration has been signed by the applicant	
3. Signed Declaration of Vacant Property	
4. Taxation Registration Number	
5. Evidence that All rates, contributions and local authority charges are fully paid up.	
6. Evidence that property owned or leased by the applicant for a minimum of 12 months (please provide Land Registry docs and folio map or full Lease Details including lease map)	
7. The proposed has an active street frontage with clear glazing into the unit at ground floor level. (Please provide Photographic Evidence)	

Tipperary County Council
Declaration of Vacant Property for Rates Purposes

Please complete the relevant sections and return it together with documents in support of your application:

1. Applicant **Name:** _____

Address: _____

Customer No: _____ **Tax/Vat No**:_____ **PPS No**:_____

Phone No: _____ **Mobile No**: _____

2. Location of Premises: Townland: Property No:

Lot No: Valuation €

(This information is available on your Rate Demand)

3. Period of Vacancy: From: to

4. Reasons for Vacancy: **(a)** Unable to obtain a tenant**.** **Section A overleaf**

5. Statutory Declaration

I hereby declare that I am the owner of the premises, the subject of this claim.

The premises became vacant on _____ day of _____20___ and remained wholly empty and unoccupied as shown at Section 3 above by reasons of the fact that:

(a): I was, bona fide, unable to obtain a suitable tenant therefore, in the case of the Hereditament to which the Rent Restrictions Acts apply, at the maximum rent permitted under these Acts. Details of my efforts to obtain a tenant are given over leaf in Section A.

Or

(b): I was unable to let this hereditament to which the Rent Restrictions Acts do not apply at a reasonable rent. Details of my efforts to obtain a tenant are given overleaf in Section A.

I make this solemn declaration for the satisfaction of Tipperary County Council, conscientiously believing the same to be true and by virtue of the Statutory Declaration Act, 1938.

Signature of Applicant _____ **Date:** _____

Declared before me by the applicant who is known or has been identified to me personally.

_____

Signature of Peace Commissioner/Garda **Date:** _____

THE FOLLOWING SECTION MUST ALSO BE COMPLETED

SECTION A: Premises unoccupied due to Inability to Obtain a Tenant

Were the premises erected before or after the 7th May, 1941? BEFORE or AFTER

Rents permitted under Rent Restrictions Acts: _____

If premises are not controlled under Rent Restrictions Acts, state rent at which they were last let:_____

State the rent sought in respect of the period during which premises were occupied.

_____

State the steps taken to obtain a suitable tenant:

Documents to be submitted with this Application:	The following documents whichever are appropriate: 1. Press Advertisements 2. Letting Notices 3. Estate Agent's or Auctioneers Certificate. 4. Copy of page from website.

(NOTE: DOCUMENTS WILL BE RETURNED ON REQUEST)

Additional Documentation in support of your declaration may be submitted, if so desired.

TIPPERARY COUNTY COUNCIL

Rates on Relevant Property
Application for Write Off due to property being Vacant and for Letting.

Certification by Auctioneer/Estate Agent:

Property Details		
1	Property Address	
2	Unit No if applicable	
3	Description of Property as per advertisement	
4	Date(s) of Advertisement of Notice(s)	
5	Is it displayed on a website? If so, what website?	
6	Date property was entered on your books for lease/let:	
7	Date that property was removed from your books for lease/let: (if applicable)	
8	Was the property for sale during the period?	
9	Rent being sought for the property	
10	Is there a sign displayed on the property stating that it is available for letting? State location of sign at the premises?	
11	Expressions of interest, if any (Give details on separate sheet if necessary)	
12	Outcome of expressions of interest. Response of Owner/Landlord	
Agent Details		
13	Agent's Name/Business Name	
14	Agent's Business Address	

I certify that the details as supplied in relation to this property are true and correct.

Signature: _____

Print Name: _____

Agent's Stamp

Monitoring of de Minimis Aid

This form MUST be completed by all applicants for the Commercial Incentive Scheme

In accordance with the De Minimis rule (Commission Regulation (EC) 1998/2006) the overall limit of De Minimis aid shall not exceed €200,000 over any three year period. State aid rules for the EU provide that small amounts of aid, up to €200,000 in any three-year period to any one firm, are regarded as too small to significantly affect trade or competition in the EU. Such aid is classified as De Minimis aid. Various schemes of this type are operated in Ireland by a range of Departments and agencies. The De Minimis rule applies to both the project and the promoter. Whether funding constitutes De Minimis aid depends entirely on the proposed activity. The De Minimis rule applies to all initiatives involving ***economic activity***. It is necessary therefore for applicants to the CIS to inform the Council as to the amount of public aid received over the last three years.

SECTION A:

To be completed if you received public funding from any source over the past three years.

I confirm that I have / my company / organisation has been granted the following De Minimis aid within the past three years (details to be supplied).

Name of organisation(s) providing the aid:	
Amount of Aid Received:	
Date grant was awarded:	
Items for which Aid was received: *(Please provide additional pages if necessary)*	
Signed:	
Date:	

SECTION B:

To be competed if you have not received funding from any Public source in the past three years.

I confirm that I /my company / organisation have not received De Minimis aid within the past three years.

Signed:	
Date:	

_____

Declarations and Signature

To be completed by ALL Applicants

I declare that the above information and details are accurate and true to the best of my knowledge and belief and I make this application for grant assistance on the basis of the information and details given.

Signed:	
Date:	