Sligo County Council



COMMERCIAL RATES INCENTIVE SCHEME 2025

APPLICATION FORM



This form should be completed in advance of commencing in business in County Sligo and submitted to rates@sligococo.ie or Rates Department, Finance Section, Sligo County Council, Riverside, Sligo, F91 Y763.

Please note that incomplete application forms will be returned.

Applicant Details		
I confirm that the Annual rates liability is no more than €30,000 on the subject premises		
Name of Applicant:		
Primary Contact Address of Applicant (including Eircode):		
Primary Contact Telephone Number:		
Contact Email Address		
List any commercial propertiespreviously occupied by the applicant within Sligo County Council's functional area in the past 12 months		
Property Details		
Address of rateable premises:		

Eircode of rateable premises:	
Valuation Office Property Number: (If known)	
Is the property owned or leased by the applicant?	
If property is owned by the applicant, please provide evidence of ownership eg: Copy of Folio/Land Registry details.	

If leased, state length of lease:		
(Please attach a copy of the lease signed by both parties)		
Name and address of owner ofproperty (if not owned by applicant)		
Valuation Office ID (if known)		
Length of time the unit has beenvacant.		
Proposed Use Details		
What is the proposed use for the property? (must provide detail (i.e.) stating Retail Outlet is not sufficient).		
Are all consents/permissions inplace for the		
proposed use? (Please provide planning reference numbers where known)		

Finan	cial Details
Are all local authority charges paid in full by the applicant in relation to any previouslyoccupied properties by the applicant within the function area of Sligo County Council?	
Are all local authority chargespaid in full in relation to this property?	
PPSN/VAT Registration Numberof Applicant?	
Please provide copy of CurrentTax Clearance Certificate	
Has Section 11 Local Government Act 201 been complied with? If yes, please provide details	
DISCLOSURE OF INFORMATIO	N - FREEDOM OF INFORMATION ACT
	licants that, under the Freedom of Information in the application form may be made available or obligations under law.
I declare that the particulars provided on the	nis application form are accurate and correct.
Name of Applicant:	
Signature of Applicant:	
Date:	

Application Form Checklist Vacant Premises Incentive Scheme Office Use Only Date received: FI request date: FI received date: Decision due: Staff Initials: Amended due date: Checklist Item: Tick/Include Details (as appropriate) Declared Qualifying Use: Completed application form YES/NO Premises has been listed in Sligo County Council's Rate Book on 31st December of the previous year? Applicable VO Property Number: Evidence of unit vacancy for 12+ months YES/NO Evidence submitted of ownership/lease for a YES/NO minimum of 12 months of the premises Section 11 Form submitted by the owner for the YES/NO subject premises YES/NO Is the business a newly established business that has not traded in the County during the previous 12 months Rates Customer Account Number Have all commercial rates/contributions/local YES/NO authority charges been paid in full for the subject premises? Annual rates liability is less than €30,000: YES/NO Email placed on file confirming that there are no unauthorised development/enforcement proceedings on the subject premises:

Evidence of current Tax Clearance Certificate	
Standing Order Form Completed	
Has applicant discharged all outstanding local authority charges payable by them?	YES/NO

Application Decision:		
Applicant Qualified		
Applicant Disqualified		
Further Information Required		
If FI required/disqualified, state reason:		
Recommended by:		
	Rates Collector	
Approved by:		
	Administrative Officer	
Endorsed by:		
	Head of Finance/Financial	
	Management Accountant	
Date decision notified to applicant:		
Staff initials:		