



Civic Centre  
Rickergate  
Carlisle  
Cumbria CA3 8QG  
Telephone (01228) 817234  
cumberland.gov.uk

Account Number:  
Property Reference:

Date:

**PLEASE COMPLETE & RETURN THIS BUSINESS RATES PROPERTY REGISTRATION FORM WITH DETAILS OF YOUR OCCUPATION OF THE PROPERTY**

Full address of property.....  
.....

1. If the occupier is a **limited company** please complete the following:
- a) What is the full name of the company?.....
  - b) What is the registered address of the company?.....  
.....
  - c) Please provide the company number .....
  - d) What is the trading name of the company? (if applicable) .....

2. If the occupier is a **sole trader or partnership** please provide full name(s)

Title	First name(s)	Surname
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
Trading name .....		

3. If the occupier is not a limited company, partnership or sole trader please provided the following details:

- a) Full name of the organisation .....
- b) The registered address of the organisation .....
- c) The name and address of the trustee or chairperson .....

4. Address for correspondence, including bills

.....

5. Occupation details:

Date you first moved stock into the property .....

Date you first opened to the public .....

Is this your only business premises in England?    Yes        No   

6. If you DO NOT own the property please complete the following:

Full name and address of owner .....

.....

Date your lease/licence commenced .....

Name and address of your solicitor .....

7. If you are the owner please complete the following:

Date of completion of purchase .....

Name and address of your solicitor .....

8. Have any structural alterations taken place recently?    Yes        No   

If Yes please give brief details.....

9. If you have moved from another property in this area please provide details:

Address of property.....

Date stock moved out of property.....

Name and address of new occupier .....

(if known)

If you were the owner, date of completion of sale .....

If you were the tenant, date your lease/licence expired .....

Name and address of new owner .....

.....

10. Declaration: The information I have provided on this form is correct to the best of my knowledge and belief.

Signed ..... Date .....

Print name ..... Capacity in which signed .....

Day time telephone number ..... Mobile number .....

(optional)

(optional)

Email address ..... Do you want to sign up for ebilling Yes/No

(optional)

After completing this form, please sign and return your reply to Freepost REVENUES AND BENEFITS SERVICES. Please write this on the envelope in the above format (Capitals), no address is needed.