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| **COVID-19 SUPPORT FOR BUSINESSES****DECLARATION FORM*** **CHRISTMAS SUPPORT PAYMENT (CSP) FOR**

**WET-LED PUBS****IF RETURNING BY POST PLEASE RETURN TO COVID- 19 BUSINESS SUPPORT GRANTS, FENLAND DISTRICT COUNCIL, FENLAND HALL, COUNTY ROAD, MARCH, CAMBRIDGESHIRE, PE15 8NQ OR ALTERNATIVELY EMAIL THE FORM TO** **covid19.businessgrants@fenland.gov.uk****PLEASE APPLY BEFORE 31 JANUARY 2021** |
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| **Please complete before you start your application** |
| Please confirm consent for your data to be used in accordance with the Council’s privacy notices (<https://www.fenland.gov.uk/article/14696/Privacy-notices>)  |   |
| Please confirm that you have read and understood the grant eligibility information before beginning my application |   |
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|  **Business Information** |
| Company or Trading Name |  |
| Business Trading Address |  |
| Business Rates Account Number |  |
| My business was trading on 30 November 2020*NB The government’s definition of ‘trading’ includes any business not in liquidation, struck off or dissolved)* | Yes/No (Delete as appropriate) |

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| **Company Registered Address and Information (Leave blank if not applicable)** |
| Company Registered Address |  |
| Company Number |  |
| VAT Registration Number (if Registered for VAT) |  |

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| **Applicant Details** |
| Title |  |
| First Name |  |
| Surname |  |
| Email |  |
| Phone Number |  |
| Contact Address |  |

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| **Business Information** |
| What type of business are you operating?(Only businesses conforming to the government’s definition of a ‘pub’ are eligible for this grant as explained on the Council’s website) |  |
| Did your business receive a grant from the Small Business Grant Fund, the Retail, Hospitality and Leisure Scheme, the Local Restrictions Support Grant or the Additional Restrictions Grant? |  |
| How many people are employed in your pub  | 1-5; 6-20;21-50;51-100;More than 100 (delete as appropriate) |
| Prior to 11 March 2020, was 50% or more of your income generated through the sale of food(The Council reserves the right to request additional information to confirm the accuracy of your declaration. Businesses which were established after 11 March 2020 should seek guidance as to whether they can receive this grant by emailing **covid19.businessgrants@fenland.gov.uk**) | Yes/ No (delete as appropriate) |

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| **Payment Details** |   |
| Name on Bank Account |   |
| Sort Code |   |
| Bank or Building Society Account Number |   |
| Building Society Roll Number |  |

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| **State Aid declaration** |
| “I can confirm that this award shall comply with EU law on State Aid on the basis that I am a small or micro-company and/or, including this award, my business shall not receive more than 800,000 Euros in total of De Minimis aid within the current financial year (or previous two financial years) as defined in the De Minimis Regulations 1407/2013 (as published in the Official Journal of the European Union L352 24.12.2013).”Yes / No (please delete as appropriate) |
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| If other De Minimis aid has been received, please list it below, including the total amount of this grant and any other Business Rate Relief you have been granted. Please mark as ‘Not applicable’ if no other De Minimis aid has been received. |
| **Amount of De Minimis aid (Euros)** | **Date of aid** | **Organisation providing aid** | **Nature of aid** |
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| **Declaration**By signing and completing this document you agree that you are the authorised account holder and that you have completed this declaration form truthfully and to the best of your knowledge.You accept and acknowledge the actions available to Fenland District Council in the detection of fraud and the recovery of misappropriated funds. Any business caught falsifying their records to gain additional grant money will face prosecution and any funding issued will be subject to clawback, as may any grants paid in error. |
| **Signature****[Print name if submitting electronically]** |  | **Date** |  |