Business in the excluded categories (See Waiver Scheme FAQs on CCC website) may seek eligibility from Cavan County Council if it can be shown that the business was severely impacted by the pandemic. The Council requests documentary evidence to support eligibility. In this circumstance, please apply to rateswaiver@cavancoco.ie by end of business 12th May.

**Waiver application form for excluded categories**

|  |  |
| --- | --- |
| **Company/Business Trading Name** |  |
| **Customer Number (Found on Rate Demand)** |  |
| **Property Address** |  |
| **Contact Details** |  |
| **Evidence** | **Response** |
| **Estimated Income Lost during 6 month period 01 January -** **30 June 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 6 **month period** 01 January - 30 June **2021** | **€** |  |
| **Did you suffer a Closure of Business during 01 January - 30 June 2021 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: