

## Appendix 2

# COVID-19 Business Support Grants: Additional Restrictions Grant (ARG) Application Form

### Section 1: Business Details

Title of Applicant\* .....

Forename of Applicant .....

Surname of Applicant .....

Position in Business .....

Business Address .....

.....

.....

Postcode\* .....

Home address .....

.....

.....

Contact number .....

Email address .....

### Section 2a: Business Information

Business name (trading name) .....

Nature of business .....

Business website .....

Company number (Must provide if it is Ltd).....

Charity Number .....

VAT number .....

What is your company's legal status **\*insert drop down box here\***

**Self Employed (Sole trader/partnership), LLP, Limited by shares or guaranteeCommunity Interest  
Company**

Were you trading on or before 04/11/20? No  Yes

**Section 2b: Category of Business**

Please choose one of the following options

- a business premises forced to close which are not liable to pay business rates and are not covered by the Local Restrictions Support Grant (closed) scheme
- a business that supplies retail, leisure, events, personal care, accommodation, or entertainment venues which could not operate or has been severely affected in its ability to operate during the 5<sup>th</sup> November to 2<sup>nd</sup> December restrictions period (“period of restrictions”)
- a business that operates in the cultural and creative sector whose business has been severely affected during the period of restrictions
- A home-based business, self-employed or freelancer whose business has been severely affected during the period of restrictions
- A market trader based in Rugby Borough who regularly has a stall in Rugby Market whose business has been severely affected during the period of restrictions
- I am not in any of the above categories and my business has been severely affected during the period of restrictions (please describe your business below)

.....  
Do you have your own Business Rates Assessment?      No       Yes

If Yes, please include your 10-digit Business Rate Customer Reference number .....

**Section 2c: Sector of Business:** (This is required for Government reporting purposes)

- A: Agriculture
- B: Mining and Quarrying
- C: Manufacturing
- D: Energy
- E: Water Supply
- F: Construction
- G: Wholesale and Retail
- H: Transport and Storage
- I: Hotels and Catering
- J: IT
- K: Finance and Insurance
- L: Real Estate
- M: Professional, Scientific & Technical Activities
- N: Admin Services

- O: Public Services
- P: Education
- Q: Public Health
- R: Recreation and Culture
- STU: Other

**Section 2d: Number of employees and Grant Requested**

To be eligible for this Fund, your business must have fewer than 250 employees.

An employee is defined as a person who has received remuneration from your company in the last 6 months (up to and including 4 November 2020 ) and who has a full-time or part-time contract of employment to work for your company and is subject payment under the HMRC PAYE scheme.

Number of employees (Select)	Enter number of employees
0-1	
2-5	
6-9	
10-249	

You may provide text to support your evidence of employee numbers and may attach documents. Examples of proof in support of this point include, but are not limited to Payroll or Personnel records; *please be sure to redact/remove names of employees, home address, DOB, NI numbers - job titles will be sufficient if providing supporting documentation*

Please summarise your evidence here \* (max 250 words)

Please attach any documents here

Drop files here to upload - upload (Please note Maximum file size is 5MB)

**Section 2e: On-going Fixed Costs**

For the purpose of this scheme, the Council determines fixed costs to be; payments of mortgage, lease, rent or licence for business premises, service charges, other licenses, fixed utilities but **not** domestic premises (apart from the exception of Bed and Breakfast, homeworker or self-employed based at home)

You may provide text to support your claim and also attach documents. Examples of proof in support of this point include, but are not limited to; a Signed Lease Agreement, Signed Licence Agreement, Signed Rental Agreement, Invoices for premises fixed cost or Signed Mortgage Agreement;

The evidence you submit must demonstrate and include the total actual fixed cost to the business.

Enter Total Fixed Costs in November 2020    £   

Please summarise your what is included in these fixed costs here \* (max 250 words)

Please attach any documents here

Drop files here to upload - upload (Please note Maximum file size is 5MB)

**Section 2f: Loss of Income Due to COVID-19**

To be available to receive this Fund, your business must demonstrate that you have suffered a significant fall in receipted turnover due to the COVID-19 crisis.

Please provide a copy of your bank statement being a bank statement showing income received for November 2019 and a previous trading month not subject to lockdown restrictions showing the fall in income received to demonstrate that the business has been severely affected:

Enter Total Income Received* in November 2020	£	<input type="text"/>	A
Enter Total Income Received* in previous comparative month	£	<input type="text"/>	B

\*As evidenced on bank statements

Please summarise why this income has fallen here \* (max 250 words)

Please attach any documents here

Drop files here to upload - upload (Please note Maximum file size is 5MB)

**Section 2g: Trading Dates**

To be available to receive this Fund, your business must have been trading on or before 4 November 2020.

You may provide text to support your evidence and may attach documents. Examples of proof in support of this point include, but are not limited to Registration with Companies House, Registration with the Charity Commission, bank statements for the last four months, evidence from HMRC or your public liability insurance certificate;

Please list your evidence here \* (max 250 words)

Please attach any documents here

Drop files here to upload - upload (Please note Maximum file size is 5MB)

**Section 2h: Previous Support**

Have you received any other financial support relating to Covid-19? For example:

A grant? \*      No       Yes

Please give us details .....

A loan? \*      No       Yes

Please give us details .....

Have you checked with HM Revenue & Customs whether you will be eligible for a grant from the Self-Employment Income Support Scheme (SEISS)

If you haven't checked yet, you can do it at <https://www.gov.uk/guidance/claim-a-grant-through-the-coronavirus-covid-19-self-employment-income-support-scheme>

Are you entitled to SEISS? \*      No       Yes

If No, please tell us why .....

If No, please tell us why .....

**Section 3: Bank details**

Please provide details of the bank account associated with the business. This is the account which the grant will be paid into should your application be successful and be the same account you have submitted bank statements for. Please check the details carefully – payment will be delayed if the details are incorrect.

Sort code\*      .....

Account number\*      .....

Account name\*      .....

Name of bank:\* .....

By ticking this box you confirm that the information you have provided is true and accurate and you meet the eligibility criteria\*

#### **Section 4: State Aid**

Under the EU Commission Covid-19 Temporary Framework (other conditions also apply) you can only receive up to €800,000 Aid (around GBP 734 000). E.g. State Aid threshold includes grants or financial assistance provided by local authorities or central government. This may be particularly relevant to those premises that are part of a large chain, where the cumulative total of grant funding received could exceed these thresholds.

Please download and read our state aid guidelines by clicking the button below.

[Further information on state aid can be found here.](#)

Please confirm that the aid requested does not exceed €800,000 (around GBP 734 000) per organisation \*

Yes- I can confirm that as a result of this aid request it will not exceed the €800,000 gross (equivalent to around £711,200) State Aid limit to the organisation and it will not breach in breach of the State Aid Guidelines provided above

No – This request will result in aid exceeding €800,000 gross (equivalent to around £711,200) State Aid threshold for the organisation as set out above and will breach the State Aid Guidelines provided above

Please confirm whether your organisation has faced difficulty as a result of the COVID-19 outbreak \*

Yes, I can confirm the organisation has faced difficulty as a result of the COVID-19 outbreak

No, the organisation has not faced difficulty as a result of the COVID-19 outbreak

#### **Section 5: Declaration**

I understand that if I give information that is incorrect or incomplete the grant may be withheld or reclaimed and action taken against me. I declare that the information I have given in this form is correct and complete. I will inform the Council if there is any change in circumstance\*

Self-declaration check box and date

Date: