



Supporting Evidence required for Pubs

Full details and particulars of the information required are:

1. Market information:

- a. Copy of the lease for properties held on lease.
- b. Date of purchase and price paid, for freehold and leasehold properties acquired over the past 5 years.

2. Accounts and trading information:

Where you are submitting an alternative estimate of Net Annual Value and are supporting your estimate by reference to the trading information for the property, you must complete pages 2, 3 and 4 for the period 2018 to 30th September 2022, if not previously provided, and upload with your representation.

You may be requested to supply copies of audited/certified/management accounts etc. at a later date.

3. Construction and redevelopment:

- a. Details and costs of construction/redevelopment works carried out over the past 5 years.
- b. Budget estimates in the case of new developments

Pubs: Extracts From Accounts and Trading Information

Include only details of trade at the subject licensed premises

Your Property Number can be found on your Proposed Valuation

Property Number

		2018	2019	2020	2021	2022 (9 Mths)
Provide Accounts Year End Date:						
Turnover:	Drink On-Sales					
	Drink Off-Sales					
	Food Sales					
	Accommodation					
	Other (Door Receipts etc)					
	Franchise Income (see note 1 below)					
	Total Turnover					
Cost of Sales:						
Gross Profit:						
Expenses:	Wages & Salaries					
	Insurance					
	Rent					
	TV Subscriptions					
	Entertainment					
	Repairs & Maintenance					
	Licence Fees					
	Security Costs					
	Legal Fees					
	Other (Please specify)					

Certificate

Note 1: Franchise Income: Income arising to the occupier of a licensed premises from the granting of permission to a third party to carry out specified commercial activities on the licensed premises; generally refers to a food franchise

Property Number

Pubs: LICENSED PREMISES DETAILS

Licence Details: 6 Day Licence 7 Day Licence Early Opening Licence

Other Please Specify: _____

Opening Hours: _____

Food Serving Hours: _____

Other Types of Trade: Hostel Guesthouse Other

Please Specify Other: (*Door Receipts, car parking etc*) _____

Does the premises have a designated smoking area? Yes No

DETAILS OF OTHER FACILITIES OR BUSINESSES OPERATING AT THESE PREMISES:

Shop Post Office Service Station Workshop

Other

Please Specify _____

Property Number

Confirmation by Accountant

I hereby confirm, to the best of my knowledge and belief, that the information provided is correct and accurate in relation to the subject property.

Signature of Accountant _____

Date: _____

Particulars of Accountant:

Name: _____

Name of Firm, if applicable: _____

Address: _____

Contact Phone Number: _____

Email Address: _____

Accountancy body of which a member: _____

Membership Number: _____