**Omicron Hospitality Payment: Application Form (Business Did Not Receive LRSS)**

**This form is for hospitality businesses that did not receive payments under the Localised Restrictions Support Scheme (LRSS)**

**The Omicron Hospitality Payment will close to new applications at 23.59 on Friday 4 March 2022. No new applications will be accepted after this date**

**Only complete this form if:**

**SPORTS CLUBS:**

The Executive has recently agreed to extend the Omicron Hospitality Payment to include certain sports clubs with a licensed bar or restaurant facility. Regulations for this scheme extension are currently being developed. Sports clubs who consider that they may be eligible for the Omicron Hospitality Payment on this basis **should NOT complete this form**. The must complete the OHP Application for Sports Clubs published at: <https://www.nibusinessinfo.co.uk/omicron-hospitality-payment>

1. you believe that your business is eligible to receive the Omicron Hospitality Payment (OHP) after reviewing the eligibility and Scheme Guidance at <https://www.nibusinessinfo.co.uk/omicron-hospitality>

**AND**

1. your business **did not receive payments** from the Localised Restrictions Support Scheme

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| **Important Note:** **Do not complete this form if your business received LRSS payments**. If your business received LRSS payments and you believe it is eligible for the Omicron Hospitality Payment but you did not receive an email request with an invitation to apply online for OHP, please contact OHP@finance-ni.gov.uk for guidance. |

**Completing this form** - Provide as much information as possible below in **BLOCK CAPITALS**, typed if possible. You’ll find instructions on how to submit your completed form at the end of this form. Contact OHP@finance-ni.gov.uk if you have any queries.

Each question on this application is **mandatory** and must be completed (unless it is shown as optional). Where you do not have the full information required, please submit as much information as you can. The LPS Grants Team may get in touch with you to ask for clarification on the information you provide, or for evidence to confirm your details.

# **SECTION 1: About you and the applicant business**

Enter details about the applicant and applicant business

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| **1.1** | Trading name  Enter trading name for the applicant business |  | |
| **1.2** | Registered company name (if applicable)  Enter registered company name for applicant business (if different from trading name) |  | |
| **1.3** | Your full name |  | |
| **1.4** | Your capacity in submitting application (choose one, the most applicable)  Only an authorised representative for the business occupying the premises may complete this form | Business owner |  |
| Director |  |
| Senior Manager |  |
| Other (please specify): | |
| **1.5** | Your contact telephone number |  | |
| **1.6** | Your email address  We will use this email to update you about this application. |  | |
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| **SECTION 2: Bank details** | | | | | |
| Enter the details of the business bank account linked to the address of the business premises associated with this application. Your payment will be issued to this bank account if your application is successful.  **EVIDENCE REQUIRED:** You must provide a bank statement for this bank account linked to the address of the business premises associated with this application. The bank statement must be dated within 3 months of the date of your application. | | | | | |
| **2.1** | Bank sort code |  | | | |
| **2.2** | Bank account number |  | | | |
| **2.3** | Bank account name  Enter the account holders name, **not** **the name of the bank** **or building society** (Santander, Ulster Bank etc) |  | | | |
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| **SECTION 3: Your business premises**  Enter details of the business premises that the applicant hospitality business occupied and operated from on 1 December 2021 and 20 December 2021.  **EVIDENCE REQUIRED:** If the applicant business is not the named ratepayer for the premises, you must provide a copy of your lease or other confirmation of occupancy, such as a tenancy agreement, for the premises when submitting this form. | | | | | |
| **3.1** | Current business premises  Enter the address for the premises your business operated from on 1 December 2021 and 20 December 2021.  You can find the **LPS Property Reference** for your business premises from the non-domestic valuation list online. Check the list at <https://valuationservices.finance-ni.gov.uk/Property/Search>  You can find the **Property ID** on the rate bill for these premises (if your business is the named ratepayer) | | Building / unit number | |  |
| Street | |  |
| Additional address lines | |  |
| Town / City | |  |
| Postcode | |  |
| LPS Property Reference or Property ID | |  |
| **3.2** | Was the applicant business occupying and operating from these premises on 1 December 2021 and 20 December 2021? | | **YES** | | **NO** |
| **3.3** | Is the applicant business the sole occupier or part occupier of these premises?  For example, you would be considered a part occupier if another business operates from the same address | | Sole occupier | |  |
| Part occupier | |  |
| **3.4** | Is the applicant business an owner occupier or a tenant of these premises? | | Owner occupier | |  |
| Tenant | |  |
| **3.5** | Verifying occupancy  If the applicant business is currently the named ratepayer for the premises, provide your rate account reference numbers to verify occupancy. You do not need to provide a lease.  **EVIDENCE REQUIRED:** If the applicant business is not the named ratepayer for the premises, you must provide a lease or other confirmation of occupancy, such as a tenancy agreement, when submitting this form. | | Ratepayer ID | |  |
| Account ID | |  |
| Occupancy ID | |  |
| The applicant business is not the named ratepayer, so I will provide proof of occupancy when submitting my form | |  |
| **SECTION 4: Your business activities**  Enter details of the primary business activity carried out by the applicant business on the premises associated with this application as at 1 December 2021 and 20 December 2021. To be considered for OHP the business activities carried out must be wholly or mainly hospitality related activities as defined by the regulations associated with the scheme. You may be asked for further information to validate your primary business activity.  **Note:**  **Takeaways were not eligible for support for the LRSS scheme, and they are therefore not eligible for the Omicron Hospitality payment** | | | | | |
| **4.1** | Primary business activity carried out at the premises listed in Section 3  Indicate the primary business activity carried out by the applicant business on the premises associated with this application as at 1 December 2021 and 20 December 2021. | |  | Hotel | |
|  | Restaurant licensed under Article 5(1)(e) of the Licensing (Northern Ireland) Order 1996 | |
|  | Unlicensed restaurant | |
|  | Café | |
|  | Coffee shop | |
|  | Bistro | |
|  | Snack bar | |
|  | Public house licensed under Article 5(1)(a) of the Licensing (Northern Ireland) Order 1996 | |
|  | Social club or private members club (which is not a sporting clubhouse) | |
|  | Nightclub | |
|  | Soft play which operates a café facility as part of the same business | |
|  | Inflatable park which operates a café facility as part of the same business | |
|  | Trampoline park which operates a café facility as part of the same business | |
|  | Other | |
|  | If Other, please describe business activities: | |
| **4.2** | Website or social media page  List your current web address or social media page | |  | | |
| **SECTION 5: Other information** **ONLY** enter details if there has been a substantial and relevant change to your business which is not covered in the Sections 1-4 listed above.  **NOTE:****This section should not be used to outline economic hardship of the business due to COVID-19, as eligibility for the Omicron Hospitality Payment will be assessed on the basis of the regulations associated with the scheme only.** | | | | | |
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# **SECTION 6: DECLARATIONS**

**All applicants must complete the declarations below to progress this application.**

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| **APPLICANT DECLARATION** | | **Tick each box to agree to each declaration** |
| **1.** I understand that if any of the information provided on this application is found to be fraudulent or false, repayment of all funding will be required. Fraudulent claims may be subject to legal action. | |  |
| **ELIGIBILITY DECLARATIONS** |
| **2.** I confirm that I am submitting this application as an authorised representative for the applicant business which occupies the premises associated with this application, such as the business owner, director or a senior manager. I am not the landlord or managing agent for this premises. | |  |
| **3.** I confirm that the property associated with this application is not occupied by a public sector body, NIHE or Housing Association. | |  |
| **4.** I confirm that the applicant business is wholly or mainly a hospitality business in one of the following categories: hotel, licensed restaurant, unlicensed restaurant, cafe, coffee shop, bistro, snack bar, pub (including nightclub), social club and private members club (excluding sporting clubhouses); or a soft play, trampoline park or inflatable park which operates a café facility as part of the same business.  The applicant business is not a sporting clubhouse, or a takeaway business that was solely restricted by opening hours during the LRSS Phases. | |  |
| **5.** I confirm that the applicant business was open and trading as a hospitality business at the premises listed in Section 3 of this form on 1 December 2021, and was still trading under the same circumstances at 20 December 2021.  The applicant business occupies these business premises as a sole or part occupier, and it is not a business or self-employed individual which rents space on a transient basis or operates from their home or from a vehicle. | |  |
| **6.** I confirm that the applicant business has complied with all Health Protection Regulations which have been put in place by NI Executive. | |  |
| **GENERAL DECLARATION** | | |
| **7.** I confirm that the information I have provided in this form is accurate and complete.  **8.** I understand that Land & Property Services may seek more information from the applicant business or other sources to verify this application.  **9.** I understand that Land & Property Services or an agent acting on behalf of Land & Property Services may carry out an inspection of the business premises to substantiate this application. If the property is found not to be as described in the application, the application will be rejected and repayment of funding will be required.  **10.** Any payment made which is found to have been paid contrary to the Regulations associated with this scheme shall be recoverable by Land & Property Services. If payments made contrary to the Regulations are not recovered, information about these payments may be published in the public interest.  **11**. I understand that the information I provide will be processed by Land & Property Services for the purposes of assessing this application and to update rate account details if circumstances have changed. I also understand that information held by Land & Property Services for rating or valuation purposes, or held in respect of the business or property to which an application relates by district councils, may be obtained and processed in respect of the assessment of an application. Land & Property Services may share information in relation to eligibility for this scheme with another Northern Ireland government department. Occasionally this information may be passed to other organisations but only when we are required by law to do so or when the disclosure complies with the General Data Protection Regulation 2016 and/or the Data Protection Act 2018. More information is available at: <https://www.finance-ni.gov.uk/publications/lps-privacy-notice>  **12**. I understand that the information provided on this form may be used for the purpose of the prevention and detection of crime.  **13.** I understand that the Omicron Hospitality Payment is considered income which must be declared to HMRC as part of the tax return for the business.  **14.** I understand that the Omicron Hospitality Payment is considered income which must be declared by the applicant business when applying for other government funds or grants for organisations and businesses affected by COVID-19.  **15.** I confirm that if the Omicron Hospitality Payment constitutes State Aid, I will comply with subsidy control arrangements.  *The Department is processing this grant within the context of both 3.1 of the Temporary Framework, in respect of Manufacturing related to trade in EU, (as applied for NI measures falling within NI protocol permitting subsidy of up to EUR 1.8M per undertaking), and 3.2.3 of The Trade and Cooperation Agreement (TCA) signed between UK and EU signed on 30 December 2020. Links to both documents are provided below:-*  [*https://ec.europa.eu/competition/state\_aid/what\_is\_new/TF\_informal\_consolidated\_version\_as\_amended\_28\_january\_2021\_en.pdf*](https://ec.europa.eu/competition/state_aid/what_is_new/TF_informal_consolidated_version_as_amended_28_january_2021_en.pdf)  [*https://ec.europa.eu/info/relations-united-kingdom/eu-uk-trade-and-cooperation-agreement\_en*](https://ec.europa.eu/info/relations-united-kingdom/eu-uk-trade-and-cooperation-agreement_en)  *Notwithstanding any other provision of this grant and the legislative framework for the grant scheme, if required as a result of external subsidy controls (including Withdrawal Agreement Protocol on Ireland/Northern Ireland, UK-EU Trade and Cooperation Agreement) the Department may at any time withhold payment of and/or require repayment of any or all of any assistance deemed to be a subsidy, from the date on which the assistance was awarded and the Company shall on demand by the Department repay to the Department such assistance (and interest that may be imposed by the subsidy control regime) in a reasonable amount of time.* | | |
| **I understand and agree to the General Declaration** | |  |

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| **Your full name**  **(in CAPITALS)** |  |
| **Date** |  |

# **How to submit your form**

Send an email to [OHP@finance-ni.gov.uk](mailto:OHP@finance-ni.gov.uk) ensuring that you:

* Attach a completed copy of this form
* Attach a copy of your bank statement dated within the last 3 months which includes the address of the business premises
* Attach a copy of your lease or other evidence of occupation (such as a tenancy agreement) for the premises occupied by the applicant business **(only required if the applicant business is not the named ratepayer for these premises)**

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| **Note:** Postal copies of the form sent to LPS offices will not be accepted. Completed forms and supporting evidence must be submitted via email to [OHP@finance-ni.gov.uk](mailto:OHP@finance-ni.gov.uk) or your application will not be assessed. |

# **What happens next?**

When you send your email to [OHP@finance-ni.gov.uk](mailto:OHP@finance-ni.gov.uk) you will receive an automated acknowledgement to confirm that your information has been successfully received.

Once received, your application will be processed as soon as possible.

All information regarding the Omicron Hospitality Payment, including guidance about eligibility, is published online at <https://www.nibusinessinfo.co.uk/omicron-hospitality>.

You will receive updates about the progress of your application by email only.

The LPS Grants Team may call or email you if they need further clarification on any of the information you have provided. Please note that staff on the LPS telephone helpline will not be able to help you with queries about this application. If you have a query about your application please contact [OHP@finance-ni.gov.uk](mailto:OHP@finance-ni.gov.uk) quoting your Omicron Hospitality Payment Application Reference Number. We appreciate your patience.