

Nottinghamshire's Hygiene Accreditation Scheme

Re-rating Application Form

Before submitting this form, the proprietor should review the information provided following the most recent inspection and consider what action has been taken to rectify any shortcomings.

Please note that only one application for a re-rating shall be accepted within any 12 month period.

<u>PREMISES DETAILS</u>	
Name of Premises:	
Address:	
Postcode:	
Telephone Number:	
Email:	
Activities: (Please tick all appropriate boxes)	<input type="checkbox"/> Tattooing <input type="checkbox"/> Semi-Permanent Make-up <input type="checkbox"/> Cosmetic Piercing

<u>PROPRIETOR/APPLICANT DETAILS</u>	
Name of Proprietor:	
Date of Latest Inspection:	
Rating Achieved:	

Please provide details of the actions and/or measures taken to justify a re-score:

(Please refer to findings of previous inspections where necessary)

DECLARATION

- I confirm that the information contained within this application is true and has been completed by the proprietor.
- I confirm that I have read and understand the rules of the Hygiene Accreditation Scheme (including the condition of entry, membership requirements, process for re-rating and the process for withdrawal etc).
- I acknowledge that the certificate/window sticker and any similar materials remain the property of the Local Authority and must be returned upon demand.
- I consent to the Local Authority retaining this application and details on its database(s).

SIGNED:

DATE:

Please return this form by email to safety.enforcement@nottinghamcity.gov.uk or to:

Safer Business Team (Food and Health and Safety), Nottingham City Council, LH Box 45, Station Street, Nottingham, NG2 3NG

Upon receipt of this form, an officer will contact you to arrange for the payment of the fee.