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| Animal Licensing Star Rating System: Request for Re-Inspection for Re-Rating Purposes |  |  |

## Notes for businesses:

* As the business operator of the establishment you have a right to request a re-inspection for the purposes of re-rating if you have taken action to rectify the non-compliances identified at the time of inspection.
* There is no limit on the number of requests you may make, however there will be a fee for each inspection.
* You must provide details of the improvements made with your request, including supporting evidence where appropriate.
* If the local authority considers that you have provided sufficient evidence that the required improvements have been made, the local authority will make an unannounced visit within three months of the request. The re-visit will be carried out within three months of the receipt of your request and payment of the fee.
* The local authority officer will give you a ‘new’ star rating based on the level of compliance that is found at the time of the re-inspection - you should be aware that your rating could go up, down or remain the same.
* To make a request for a re-inspection please use the form below and return it to licensing@nwleicestershire.gov.uk.

## Business details

|  |  |
| --- | --- |
| Business operator/proprietor |       |

|  |  |
| --- | --- |
| Business name |       |

|  |  |
| --- | --- |
| Business addresses |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Business tel. number |       |  Business email |       |

## Inspection details

|  |  |  |  |
| --- | --- | --- | --- |
| Date of inspection |       |  Star rating given |       |
| Action takenPlease describe the remedial action you have taken with reference to the issues identified in the inspection letter/report provided to you by your local authority with your score:

|  |  |
| --- | --- |
| Higher Standards |       |

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| --- | --- |
| Minimum Standards |       |

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| --- | --- |
| Please provide any other supplementary evidence (e.g. photographs, invoices, copies of relevant documentation etc.).  |       |

 |
|  |
| Signature |       |
|  |
| Name in capitals |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Position |       | Date |       |

**Please now return this form to** **licensing@nwleicestershire.gov.uk**