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| --- | --- |
| The Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018 Re-inspection Request Form |  |

## Notes for businesses:

If you have taken action to rectify the non-compliance identified at the time of inspection, you have a right to request a re-inspection for the purpose of re-assessment of your star rating.

You can make your request for a reinspection at any time after the statutory inspection. Using the box below, you must provide details of the improvements made with your request, including supporting evidence where appropriate.

There is a fee of £122.87 for each revisit and payment is required before a revisit can be undertaken.

If we consider that you have provided sufficient evidence that the required improvements have been made, an unannounced visit will be made. This will take place within 3 months of the request being accepted and payment received.

You will be given a revised star rating based on the level of compliance that is found at the time of the re-visit. You should be aware that your rating could go up, down or remain the same.

To make a request for a re-inspection, please complete this form and return it to the address detailed below. **Once your request has been approved you will receive instructions on how to pay the fee.**

## Business details

|  |  |
| --- | --- |
| Licensed operator/proprietor |  |

|  |  |
| --- | --- |
| Licence Number |  |

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

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

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

## Inspection details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of inspection | | | |  | Rating given |  | |
|  | | | | | | | |
| Action taken Please describe the remedial action you have taken with reference to the issues identified in the inspection report provided to you with your score:   |  | | --- | |  |   PTO | | | | | | | |
| Please provide any other supplementary evidence to support your application: | | | | | |
|  | | | | | |
|  | | | | | |
|  | | |  | | | | |
| Signature | | |  | | | | |
|  | | | | | | | |
| Name in capitals | | |  | | | | |

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

**Please now return this form to:** [**EnvironmentalHealth@carlisle.gov.uk**](mailto:EnvironmentalHealth@carlisle.gov.uk) **or by posting to: Environmental Health, Regulatory Services, Civic Centre, Carlisle CA3 8QG**

**For official use only**

Date received:

Re-inspection allowed: Y / N

Date due by (within 3 months of receipt):

Signed: Date

Designation: Principal Health & Housing Officer / Regulatory Services Manager