



Tattoo Hygiene Rating Scheme – Rating Appeal Request

Full Name of Premises: _____

Full Address of Premises: _____

Telephone Number: _____

Email Address: _____

Website: _____

Full Name of Applicant: _____

Position in Business: _____

Please state the grounds upon which your appeal is founded (the grounds for appeal can be found in the Rules of the Scheme):

I certify that the information given by me in this application is true and complete.

I consent to the Council retaining my application and details on its database(s).

Signed: _____ Date: _____

Please return this form to: North Lincolnshire Council, Food and Safety Team, PO Box 42, Church Square House, Scunthorpe, North Lincolnshire, DN15 6XQ