

**Licensing Inspection Rating Scheme - Request for a re-inspection**Licence Number: **Notes for businesses:**

As the licensed operator of the establishment, you have a right to request a re-inspection for the purpose of re-assessment of the star rating issued if you have taken action to rectify the non-compliances identified at the time of inspection.

You can make your request for a re-inspection at any time after the statutory inspection provided that you have made the required improvements. You must provide details of the improvements made with your request, including supporting evidence where appropriate.

There is a fee for each revisit request and payment is required before a revisit can be undertaken. Fees can be found on the [animal licences](#) web page.

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 at the bottom of the page. **Once your request has been approved you will receive instructions on how to pay the fee.**

**Business details**Licensed operator/proprietor 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:

Please provide any other supplementary evidence to support your application:

Signature

Name in capitals

Position

Date

**Please now return this form to: [animal.health@kirklees.gov.uk](mailto:animal.health@kirklees.gov.uk) or by using the Free Post service to:  
Free Post, Kirklees Council, Environmental Health**

**For Official use only**

Date received:

Payment received:

**Decision of Manager:**

Re-inspection allowed:

**Y / N**

Date due by (within 3 months of receipt):

**Date:**

Signed:

Date:

Designation: Environmental Health Group Leader