Licensing Team Public Protection Shropshire Council Shirehall Abbey Foregate Shrewsbury Shropshire SY2 6ND



0345 678 9026 licensing@shropshire.gov.uk

- Use this form to request a re-inspection of your business to change the star rating where you have accepted the original rating but have made improvements in order to reach a higher standard. You should only apply for a re-inspection if you have made the necessary improvements identified in the previous inspection.
- Do not use this application if you do not accept the star rating you have been given and want to appeal against it. Appeals against star ratings should be submitted in writing to the Licensing Team.
- You may submit your re-inspection request application in the following ways:

Email: <a href="mailto:licensing@shropshire.gov.uk">licensing@shropshire.gov.uk</a>

Post: Licensing Team Public Protection Shropshire Council Shirehall Abbey Foregate Shrewsbury Shropshire SY2 6ND

- Once your application has been received it will be reviewed by a Licensing Officer, who will then contact you to organise the re-inspection. The re-inspection will be carried out within 3 months of the date you submitted the request.
- Once the Council is in receipt of the Inspecting Officers' report the star rating will be re-calculated and a new licence issued with the new star rating. **Please** note that a re-inspection does not guarantee an increased star rating.

If any part of the application is incomplete or the application fee is not paid, the application will not be processed until such a time as all the information and/or fee is provided.



# The Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018

## **Request for a re-inspection of a business**

| 1   | Reference number         |  |
|-----|--------------------------|--|
| 1.1 | Licence Reference Number |  |

### Please complete all the questions in the form. If you have nothing to record, please state "Not applicable" or "None"

| 1   | Licence holder details |  |  |
|-----|------------------------|--|--|
| 1.1 | Name                   |  |  |
| 1.2 | Address                |  |  |
| 1.3 | Email                  |  |  |
| 1.4 | Main telephone number  |  |  |
| 1.5 | Other telephone number |  |  |

| 2   | Licenced premises details   |     |    |                             |  |  |
|-----|---|-----|----|-----------------------------|--|--|
| 2.1 | Name of premises/trading name   |     |    |                             |  |  |
| 2.2 | Address of premises   |     |    |                             |  |  |
| 2.3 | Telephone number of premises  |     |    |                             |  |  |
| 2.4 | Email address   |     |    |                             |  |  |
| 2.5 | Have you previously requested a re-<br>inspection of this premises? If yes,<br>please state how many. | Yes | No | Number of previous requests |  |  |
|     |   |     |    | Not applicable              |  |  |

#### Case for re-inspection

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Use this section to describe in detail the actions you have taken to improve the standards of the premises and/or business to address the issues highlighted in the previous inspection which meant a higher star rating was not achieved. Where appropriate this should include supporting evidence such as copies of improved records, photos of improved facilities or any other appropriate evidence relevant to the case. Continue on an additional sheet if you need more space.

#### **Data Protection**

The information provided will be used in the process of considering the application and may be sent to authorised bodies including: Police, Benefits, Councillors, Inland Revenue, other local authorities.

Shropshire Council is under a duty to protect the Public Funds that we handle and to this end we may share your information internally or with other organisations for the prevention and detection of a crime or any matters connected to a breach of Shropshire Councils Licensing Policy. We will not transfer your personal data outside the European Economic Area or disclose it to any third party other than for the purposes outlined.

| Applicant<br>Signature:     | Date: |  |
|-----------------------------|-------|--|
| Full name (in<br>capitals): |       |  |