

Tattoo Hygiene Rating Scheme

APPLICATION FORM

I wish to apply to join the Tattoo Hygiene Rating Scheme.

FULL NAME OF APPLICANT:
ADDRESS:
TEL NO:
NAME OF BUSINESS:
ADDRESS OF PREMISES TO BE REGISTERED:
NUMBER OF REGISTERED TATTOO OPERATORS:
NAMES OF REGISTERED TATTOOISTS:

- I agree to be bound by the rules of the scheme and understand that if I wish to leave the scheme I must make application to Stockport MBC, in writing.
- I agree that my rating will be made available to the public using the Stockport MBC website and via social media.
- I also understand that any application to leave the scheme will be dealt with within 28 days, during which time my rating may still be made available to the public.

SIGNED: _____ **DATE:** _____
(On behalf of all operators within the premise)

Please return completed forms to Stockport MBC, Environmental Health & Trading Standards Fred Perry House Edward Street Stockport SK1 3XE or e-mail health.safety@stockport.gov.uk