



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 Trafford Council, Public Protection Service in writing.
- I agree that my rating will be made available to the public using the Trafford Council and CIEH websites 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 Trafford Council, Public Protection Service, Trafford Town Hall, Talbot Road, Stretford, Manchester, M32 0TH or email a copy of the signed form to environmental.health@trafford.gov.uk