## Notes for businesses:

As the licensed operator of the establishment you have a right to appeal the animal health licence rating given following your inspection if you do not agree that the rating reflects the conditions found at the time of the inspection. You are encouraged in the first instance to discuss your concerns with the inspecting officer however this does not affect your right to appeal.

* **You have 21 days (including weekends and bank holidays) from the date of issue of the licence to lodge an appeal.**
* Please use the form below and return it to the address below.
* The Lead Officer for animal health licensing will review your rating and communicate the outcome of your appeal to you within 21 days of receipt (including weekends and bank holidays).

## Business details

|  |  |
| --- | --- |
| Licensed operator/proprietor |  |

|  |  |
| --- | --- |
| Business name |  |

|  |  |
| --- | --- |
| Business addresses |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Business tel. number |  | Business email |  |

## Inspection details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of inspection | | | |  | Rating given |  | |
|  | | | | | | | |
| Date notified of rating | | | |  |  | | |
| Appeal I do not agree with the animal health inspection rating(s) given by the inspecting officer because (please provide  details/evidence below, with reference to the report of inspection and risk rating applied.)   |  |  | | --- | --- | |  |  | | | | | | | | |
|  | | | | | |
| Signature | |  | | | | | |
|  | | | | | | | |
| Name in capitals | | |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Position |  | Date |  |

**Please now return this form to:** eh.admin@bradford.gov.uk or post to Environmental Health 5th Floor Britannia House Bradford BD1 1HX

**For Official use only**

Comments

Appeal received Date Within 21 days Y/N

Has the officer applied the correct assessment criteria Y/N

Does the business have 3 years relevant compliance history Y/N

Does the business have a relevant UKAS accredited certification Y/N

**Comments of Lead officer**

|  |  |
| --- | --- |
| **Decision of Lead Officer** |  |
| Signed ………………………………………………. | Date ……………………………………………. |
| Designation |  |
| **If you disagree with the outcome of this appeal you may challenge the Authorities decision by means of Judicial review.** | |