

Tattoo Hygiene Rating Scheme

APPLICATION FORM I wish to apply to join the 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 Tameside MBC in writing.
- I agree that my rating will be made available to the public using the Tameside MBC 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 Charlotte Allen, Business Compliance, Tameside MBC, Council Offices, Wellington Road, Ashton Under Lyne OL6 6DL or email a copy or a clear photo image of the signed form to environmentalhealth@tameside.gov.uk