

FORM A
THE PUBLIC HEALTH ACT
Application for Licence to operate a Barbershop

Name of Applicant:

Home Address:
.....

Telephone:.....

Date of Birth:

Gender:

Educational Qualification:
.....

Type of Licence for which application is made:

Name of employer (If employed).....

Name and Address or proposed address of barbershop:
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.....
.....

Amount of fee paid:

Date of Medical Examination:

Date: Applicant Signature:

FOR OFFICIAL USE ONLY

Documents Submitted:

1. Public Health Permit.....
2. TRN.....
3. I.D Type.....
4. Certificate [] 5. Photograph []

Fee paid:

Date of examination of barbershop:

Recommendation:
.....
.....

Signature of Authorized Officer: Date: