

FORM G  
THE PUBLIC HEALTH ACT  
*Application for Renewal of Licence to operate as a Beauty Therapist  
Cosmetologist, Hairdresser or Trainee*

Name of Applicant: .....

Home Address: .....

.....

Telephone: .....

Type of Licence for which application is made: .....

Name of Beauty Salon where you operate as a \*Beauty Therapist, Cosmetologist,  
Hairdresser or Trainee: \*Cross out which is inapplicable:

.....

Business address:.....

Name of employer (If Employed).....

Number of Licence: .....

Date Licence Granted: .....

Was Licence Suspended: .....

If yes, state reasons for or date of suspension and date of withdrawal of suspension

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Date: ..... Applicant Signature: .....

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**FOR OFFICIAL USE ONLY**

Documents Submitted:

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

New Licence Number: .....

Fee paid: .....

Remarks:

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.....  
.....

Signature of Authorized Officer: ..... Date: .....