

FORM A

THE PUBLIC HEALTH ACT

Application for Licence to operate a Beauty Salon

Name of Applicant:

Home Address:

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Name and Address or Proposed Address of Beauty Salon

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Name of Operator of Beauty Salon:

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Telephone: Fax. No.....

Number of Employees:

Date: Applicant Signature:

N.B. In the case of a company, a certified copy of the Certificate of Incorporation should accompany this application and be signed by a Director of the company.

FOR OFFICIAL USE ONLY

Documents Submitted:

1. Public Health Permit.....

2. TRN.....

3. I.D Type.....

4. Certificate [] 5. Photograph []

New Licence Number:

Fee paid:

Date of examination of beauty salon:

Remarks:

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Signature of Authorized Officer: Date: