

FORM F
THE PUBLIC HEALTH ACT
Application for Renewal of Licence to operate a Barbershop

Name of Barbershop:

Address of Barbershop:

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Name of operator of Barbershop:

Address of operator of Barbershop:

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Contact number:

Number of licence:

Date licence granted:

Was licence suspended?

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

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.....

Date: Signature

FOR OFFICIAL USE ONLY

Documents Submitted:

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

New Licence Number:

Fee paid:

Date of examination of barbershop:

Recommendation:

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Signature of Authorized Officer: Date: