

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

Name of Beauty Salon:

Address of Beauty Salon:.....
.....

Name of operator of Beauty Salon.....

Address of operator of Beauty Salon.....
.....

Telephone:

Number of Licence:

Date Licence Granted :.....

Was Licence suspended.....

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

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 beauty salon:

Recommendation:

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Signature of Authorized Officer: Date: