



FORM A

THE PUBLIC HEALTH ACT

Application for License to operate a Beauty Salon

Name of applicant:

Address:

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Name and address or

Proposed address of Beauty Salon

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Name of operator of Beauty Salon:

Telephone.....Fax No:

Number of Employees:

Date:

Signature of applicant:

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.....

2.....

3.....

4.....

Fee paid:

Date of examination of beauty salon:

Remarks:

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