

FORM G

THE PUBLIC HEALTH ACT



***Application for Renewal of License to operate as a Beauty Therapist,
Cosmetologist, Hairdresser or Trainee***

Name:

Address:

.....

Name of Barbershop where you operate as a *Beauty therapist, Cosmetologist, Hairdresser or

Trainee:

.....

Address of Beauty Salon:

.....

Number of License:

Date license granted:

Was licensed suspended?

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

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.....

.....

Date.....Signature

**Cross out which is in applicable.*

FOR OFFICIAL USE ONLY

Documents submitted:

1.....

2.....

3.....

New License Number:

Fee paid:

Recommendation

.....

.....

Date

Signature of Authorised Officer