

THE SAINT MARY MUNICIPAL CORPORATION  
13 Hodgson Street, Port Maria P.O., St. Mary.  
Tele: (876) 994-2900/2212/2648

FIRST SCHEDULE

(Regulations 3,4,5,7,9,11 and 12) Regulation 3(2)

FORM C

THE PUBLIC HEALTH ACT

Application for *Licence to operate as Barber or Trainee*

\*cross out which is inapplicable\*

Name of Applicant:.....

Address:.....

Telephone #:.....

TRN:.....

Type of licence applied for:.....

Expiry date of Health Certificate: .....

Date of birth:.....

Gender: (F)  (M)

Educational qualification .....

Number of years experience: .....

Name of employer (if employed).....

Business address:.....

Signature of applicant:..... Date:.....

**FOR OFFICIAL USE ONLY**

Documents submitted:

1. ....
2. ....
3. ....
4. ....

Licence Number: .....

Fee paid: \$..... O/R #..... dated..... Cashier's Signature.....

Recommendation:.....  
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