

Form A

THE PUBLIC HEALTH ACT

Application for Licence to operate as a Barbershop

Name of Applicant:

Address:

Name and Address or Proposed Address of Barbershop:

Name of operator of Barbershop:

Telephone: Fax No:

Number of Employees:

Date:

Signature of Applicant:

NB: 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 OFFICAL USE ONLY

Documents submitted:

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Fee paid:

Date of examination of barbershop:

Remarks:

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