

**Form A**

**THE PUBLIC HEALTH ACT**

*Application for Licence to operate as a Beauty Salon*

Name of Applicant: .....

Address: .....

Name and Address or Proposed Address of Beauty Salon: .....

Name of operator of Beauty Salon: .....

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.

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**FOR OFFICIAL USE ONLY**

***Documents submitted:***

1 .....

2 .....

3 .....

4 .....

Fee paid: .....

Date of examination of beauty salon: .....

Remarks: .....

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