

FORM G

THE PUBLIC HEALTH ACT

Application for Licence to Operate as a Beauty Salon

TRN:

Name of Business:

Address of Business:

Email Address:

Telephone Number(s) (Landline): (Mobile).....

Name of Operator of Beauty Salon:

Address of Operator of Beauty Salon:

Type of business to be carried out in Salon:

Date Licence was granted:

Was Licence suspended: YES NO

If yes, state the reason(s) for suspension; date of suspension and date of withdrawal of suspension

Date: Signature:

NB: In 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.

New Renewal

Licence Number: Fee Paid:

Date of examination of Beauty salon:

Recommendation(s):

Printed name of Authorized Officer:

Date

Signature of Authorized Officer

Copy of payment receipt

Copy of proof of Business address