

Form F

THE PUBLIC HEALTH ACT

Application for Renewal of Licence to Operate a Beauty Salon

Name of Beauty Salon:

Address of Beauty Salon:

Name of Operator of Beauty Salon:

Type of business carried on at Beauty Salon:

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Licence Number:

Date licence granted:

Was licence suspended:

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

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Telephone No:

Date: Signature:

FOR OFFICIAL USE ONLY

Documents submitted

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New Licence Number:

Fee paid:

Date of examination of beauty salon:

Recommendation:

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Date:

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Signature of Authorised Officer