

Form G

THE PUBLIC HEALTH ACT

Application for Renewal of Licence to operate as a Barber

TRN#:

Applicant Name:

Applicant Address:

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Email Address:

Telephone # (Landline): (Mobile):

Business Name:

Business Address

.....

Number Licence Number:

Date licence granted:

Was licence suspended:

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

.....

.....

Date: Signature:

FOR OFFICAL USE ONLY

Documents submitted

1

2

3

New Licence Number:

Fee paid:

Date of examination of barbershop:

Recommendation:

.....

.....

Date:

.....
Signature of Authorised Officer