

Form G

THE PUBLIC HEALTH ACT

*Application for Renewal of Licence to operate as a Beauty Therapist, Cosmetologist,
Hairdresser or Trainee*

Name of Applicant:

Address:

..... Tel. No:

Type of licence for which application for renewal is now made
.....

Name of Beauty Salon:

Address of Beauty Salon:

Licence Number:

Date licence granted:

Was licence suspended:

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

FOR OFFICAL USE ONLY

Documents submitted:

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New Licence Number:

Fee paid:

Date of examination of beauty salon:

Recommendation:

.....

.....

Date:

Signature of Authorised Officer