



SERVICE DEDICATION EXCELLENCE

**FIRST SCHEDULE
FORM G
THE PUBLIC HEALTH ACT**

APPLICATION FOR RENEWAL OF LICENCE TO OPERATE AS A BARBER

NAME OF APPLICANT:

ADDRESS:

NAME OF BARBER SHOP WHERE YOU OPERATE AS A BARBER:

ADDRESS OF BARBER SHOP:

NUMBER OF LICENCE: DATE LICENCE GRANTED:

WAS LICENCE SUSPENDED?

IF YES, STATE REASON FOR OR DATE OF SUSPENSION AND DATE OF WITHDRAWAL OR
SUSPENSION:

.....

DATE:

SIGNATURE:

DOCUMENTS SUBMITTED:

1.

2.

3.

NEW LICENCE NUMBER:

FEE PAID:

RECOMMENDATION:

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DATE:

SIGNATURE OF AUTHORIZING OFFICER