



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 OF LICENCE.....

WAS LICENCE SUSPENDED? .....

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

.....

DATE..... SIGNATURE.....

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**DOCUMENTS SUBMITTED:**

- 1. ....
- 2. ....
- 3. ....

NEW LICENCE NUMBER: .....

FEE PAID (\$\$): .....

RECOMMENDATION:.....

.....

DATE

SIGNATURE OF AUTHORIZED OFFICER