

THE SAINT MARY MUNICIPAL CORPORATION
13 Hodgson Street, Port Maria P.O., St. Mary.
Tele: (876) 994-2900/2212/2648

FIRST SCHEDULE

(Regulations 3,4,5,7,9,11 and 12) Regulation 3(2)

FORM A
THE PUBLIC HEALTH ACT
Application for Licence to operate a Barbershop

cross out which is inapplicable

Name of applicant:.....

Address:.....

Name and address or proposed address of Barbershop:.....

.....

Name of operator of Barbershop:.....

Telephone :..... Fax No.....

Number of employees:.....

Signature:.....

Date:.....

NB: In the case of a company, a certified copy of the Certificate of Incorporation should accompany this application and be signed by a Director of the company.

FOR OFFICIAL USE ONLY

Documents submitted:

1.
2.
3.
4.

New Licence Number:

Fee paid: \$..... O/R #..... dated..... Cashier's Signature.....

Date of examination of Barbershop:.....

Recommendation:.....

Remarks.....

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