

**THE PUBLIC HEALTH (HAIRDRESSERS, BEAUTY THERAPISTS,
COSMETOLOGISTS AND BEAUTY SALONS) REGULATIONS, 2004 THE PUBLIC
HEALTH ACT**



FORM A (NEW APPLICANT)

Application for Licence to operate a Beauty Salon/Unisex Salon

Name of Applicant:.....

Address:.....

Name of operator of Beauty Salon:.....

Name of Beauty Salon/Unisex Salon:.....

Proposed Address of Beauty Salon/Unisex Salon.....

.....

Telephone no.:..... Email Address:.....

Next Of Kin:..... Contact number.....

Type of business to be carried on at beauty salon:.....

Number of Employees.....

Name:..... Profession:..... Licence No.:.....

Name:..... Profession:..... Licence No.:.....

Name:..... Profession:..... Licence No.:.....

Name:..... Profession:..... Licence No.:.....

Signature of Applicant:..... 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 OFFICAL USE ONLY

Documents Submitted:

1..... Doc. No:.....

2..... Doc. No.:.....

3..... Doc. No:.....

Amount Due:..... Fees paid..... Receipt #:..... Date:.....

Licence #:..... Reg.Period:.....

Date of examination of beauty salon:.....

Remarks:.....

Received By:..... Date Issued:..... Issued By:.....

..... Date.....

Signature of Authorised Officer