

THE PUBLIC HEALTH (BARBERS AND BARBERSHOPS) REGULATIONS, 2004
THE PUBLIC HEALTH ACT



FORM F (RENEWAL APPLICANT)

Application for Licence to operate a Barbershop

Name of Applicant:.....

Address:.....

Name of operator of Barbershop...:.....

Name of Barbershop:.....

Proposed Address of Barbershop

.....

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

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

Type of business to be carried on at Barbershop:.....

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, 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