

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 G

THE PUBLIC HEALTH ACT

Application for Licence to operate a Beauty Salon

cross out which is inapplicable

Name of applicant:.....

Address:.....

TRN:.....

Name and address or proposed address of Beauty Salon:.....

.....

Type of business to be carried on at the Beauty Salon:.....

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

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. Valid Health Certificate
- 2. Two (2) Certified Passport size pictures taken not more than six (6) months ago
- 3. Professional Certificate
- 4. Applicable Fee

New Licence Number:

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

Examination Date:.....

Recommendation:.....

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Signature of Authorized Officer (St. Mary Health Dept.)

Date