

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 Renewal Licence to operate as Beauty Therapist, Cosmetologist, Hairdresser or Trainee

\*cross out which is inapplicable\*

Name of applicant:.....

Address:.....

TRN:.....

Expiry date of Health Certificate: .....

Type of licence for which application for renewal is now made:.....

Name of Beauty Salon where you operate:.....

Address of Beauty Salon:.....

Date Licence granted:.....

Was Licence suspended: (Y) ..... (N)..... (tick appropriate one)

If yes, state reasons for and date of suspension and date of withdrawal of suspension:.....

Signature:.....

Date:.....

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

New Licence Number: .....

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

Recommendation:.....

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

Date