



# TRELAWNY MUNICIPAL CORPORATION

## THE PUBLIC HEALTH ACT

(Website Version)  
(Regulation 3,4,7,8,10 & 12)  
(Regulation 3 (2))

### Application for License to operate A Beauty Shop FORM A

Date of application: .....

Name of applicant: .....

Gender: .....

Date of Birth: .....

Address: .....

Contact number: .....

Name and address or proposed address of Barber shop:

.....  
.....

Name of operator of Barbershop: .....

Number of employees: .....

Amount charged: .....

Amount paid: .....

Examination date of Barbershop: .....

Signature of applicant: .....

SAMPLES

### FOR OFFICIAL USE ONLY

Please specify documents submitted

Application Fee [ ]      Photographs [ ]      Certificates [ ]      Valid Health Card [ ]

Previous Licence Number .....      Current Licence Number.....

Recommendations

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