



TRELAWNY MUNICIPAL CORPORATION

THE PUBLIC HEALTH ACT

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

Application for License to operate as Barber, Beauty Therapist, Massage Therapist, Cosmetologist, Hairdresser or Trainee.

FORM C

Name of applicant:

Gender:

Date of Birth:

Address:

Contact number:

Type of License:

Field of qualification:

Number of years experience:

Name & Address of Employer:
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Amount charged:

Amount paid:

Examination date of Barbershop:

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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