

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 F
THE PUBLIC HEALTH ACT
*Application for **Renewal Licence to operate a Barbershop***

cross out which is inapplicable

Name of Barbershop:.....
Address of Barbershop :.....
Name of operator of Barbershop:.....
Address of operator of Barbershop:.....
Number of Licence:.....
Date of 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
3. Applicable Fee

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

Examination Date:.....
Recommendation:.....
.....

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