

**SAINT MARY PARISH COUNCIL**

2 Hodgson Street, Port Maria P.O, St. Mary.  
Tele: 994 -- 2900 / 9410 / 2648 579- 9025 Cellular

**FIRST SCHEDULE**

*(Regulations 3, 4,5, 7, 8, 9, 11 and 12) (Regulation 3(2))*

**FORM F**

**THE PUBLIC HEALTH ACT**

*Application for Renewal Licence to operate a Beauty Salon*

Name of Beauty Salon:.....

Address of Beauty Salon:.....

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

Address of operator Beauty Salon:.....

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 Heath Certificate
- 2. Two (2) Certified Passport size pictures taken not more than six months ago
- 3. Applicable Fee

New License Number: .....

Fee paid: \$..... 0/R #..... dated..... Cashier's Signature:.....

Examination Date:.....

Recommendation:.....

.....

Signature of Authorized Officer

.....

Date