

FORM A

THE PUBLIC HEALTH ACT

Application for Licence to operate a Barbershop

Name of applicant:.....

Address:.....

Name and address or
Proposed address of barbershop:.....

Name of operator of Barbershop:.....

Telephone:..... Fax No:.....

Number of Employees:.....

Date:.....

Signature of applicant:.....

NB: In case of a company, a certified copy of the Certified of Incorporation should accompany this application and be signed by a Director of the company.

FOR OFFICIAL USE ONLY

Documents submitted:

1.....

2.....

3.....

4.....

Fee paid:.....

Date of examination of barbershop:.....

Remarks.....

Dated.....

.....
Signature of Authorised Officer