FORM A

THE PUBLIC HEALTH ACT

Application for Licence to operate a Beauty Salon

Name of applicant:……..**...**

Address:…….

……

Name and address or
Proposed address of Beauty Salon:……

……

……

Name of operator of Beauty Salon:……..

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 Beauty Salon:……**...**

Remarks…….

……

……

……

Dated…… ……

Signature of Authorised Officer