



Kingston and St. Andrew Municipal Corporation Application for Licence to Operate a Barbershop

Form A The Public Health Act

Name of Applicant:

TRN:.....

Address:

.....

Name and Address or Proposed Address of Barbershop:

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Number of Operator of Barbershop:

Telephone: Fax:

Email:

Number of Employees:

Date Signature of Applicant

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

FOR OFFICIAL USE ONLY

Documents Submitted:

1.....

2.....

3.....

Fee Paid.....

Date of Examination of Barbershop:

Remarks:

.....

Date

.....
Signature of Authorized Officer