



# Kingston and St. Andrew Municipal Corporation

## Application for Licence to Operate a Beauty Salon

### Form A The Public Health Act

**Name of Applicant:** .....

**TRN:** .....

**Address:** .....

**Name and Address or  
Proposed Address of  
Beauty Salon:** .....

**Number of Operator of  
Beauty Salon:** .....

**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.

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### ***FOR OFFICIAL USE ONLY***

Documents Submitted:

1.....

2.....

3.....

Fee Paid.....

Date of Examination of Beauty Salon: .....

Remarks: .....

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Date .....

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Signature of Authorized Officer