



Kingston and St. Andrew Municipal Corporation

Application for Renewal of Licence

as a Beauty Therapist, Cosmetologist, Hairdresser or Trainee

FORM G, The Public Health Act

Name:			
Address:			
Name of Beauty Salon: <i>(where you operate as a Beauty Therapist, Cosmetologist, Hairdresser or Trainee)</i>			
Number of Licence:			
Date Licence Granted:			
Was Licence Suspended?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please indicate the following:			
Date of Suspension:		Date of Withdrawal of Suspension:	
Reason for Suspension:			
Date:		Signature:	

*Cross out which is inapplicable

FOR OFFICIAL USE ONLY

Documents Submitted:

1.....

2.....

3.....

New Licence Number

Fee Paid.....

Recommendation:

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Date:

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Signature of Authorized Officer