

Form A Regulation 6(1)

NORFOLK ISLAND

HEALTH (HAIRDRESSERS) REGULATIONS

APPLICATION FOR REGISTRATION OF HAIRDRESSING ESTABLISHMENT

То:	The Administrator Kingston Norfolk Island						
I,							
	(Full Name)						
	(Address)						
the o	occupier of the hairdressing establishment menti	ioned	hereunder,	hereby	apply	for	the
registr	stration of the establishment for the year ending 31	1 Dece	ember				
I enclo	close herewith the fee of \$						
<u>Partic</u>	ticulars:						
Situati	ation of hairdressing establishment:	•••••					· • • • • •
		•••••					· • • • • • • • • • • • • • • • • • • •
Signa	ature of Applicant	 Dat	te	••••••	•••••	•••••	•••••