



SCHEDULE 1.

PAPUA NEW GUINEA

Public Health (Barber's Shops) Regulation (Amalgamated)

1973, as amended.

APPLICATION FOR BARBER'S SHOP LICENCE

Name (in full) of applicant: .....

Address of Premises to be licensed: .....

Floor space of premises: .....

Number of barbers (to be) employed: .....

Number of Chairs: ..... Number of wash-basins: .....

Hot Water Supply: .....

It is intended to cater for ladies or gentlemen or both? If ladies are catered for:

a) State number of hair dryers: .....

b) State number of waving or other machines: .....

Date: ...../...../20.....

Signature of Applicant: .....

I certify that the premises described in this application conform/do not conform\* with the standards and requirements prescribed for barbers' shops.

\*Local Medical Authority/Inspector

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Date: .....

Strike out whichever is inapplicable.

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