

Application for licence or registration of hairdresser



Please read this first

This form will be scanned by electronic equipment. It is important that you:

- use a blue or black pen to complete this form; and
- print clearly.

Applicant details *(Please print in CAPITALS)*

Title: Mr Mrs Miss Ms

First names

Surname

Postal address for all correspondence

Town

Postcode

Home phone number

Work phone number

Mobile phone number

Email

Business details *(Please print in CAPITALS)*

Is this a new business? Yes No

Change of occupier? Yes No

Starting date

If a new business, please attach:

Floor plan

Trading name

Street address of premises

Town

Office use only

NAR •

Receipt

Date / /

Planning approval

Building Approval

Rating

Other details *(Please print in CAPITALS)*

Number of Number of cutting

Is this a home occupation? Yes No

Name of manager or contact person

Signature

Signature of applicant

 / /

Date