



DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH

P.O. Box HM 1195 · Hamilton HM EX · Bermuda
Telephone: (441) 278-4976/77
Facsimile: (441) 232-1941
Email: envhealth@gov.bm

**APPLICATION FOR HAIRDRESSING OR
COSMETIC TREATMENT ESTABLISHMENT LICENCE**

I, _____ of _____
(Name) *(Home Address - include Street #)*

hereby make application for the grant of Licence to operate a Hairdressing or Cosmetic
Treatment Establishment at _____
(Establishment Address - include Street #)

in _____ Parish, to be known as _____

Contact #: _____
Business/Home: *Fax/Email:*

of Operators _____ Amount Enclosed: \$ _____
(\$25 per operator)

Signature of Applicant: _____

Dated this _____ day of _____, 20 _____

**NOTE: Please return this application form and the registration fee to the
Chief Environmental Health Officer, P.O. Box HM 1195, Hamilton HM EX or hand deliver to the
Environmental Health Department, #7 Point Finger Road (old part of the Hospital), Paget.
LICENCES MUST BE RENEWED BY DECEMBER 31st.
All cheques to be made payable to Accountant General.**