

SUVA CITY COUNCIL



Health Services Department

APPLICATION FOR LICENCE  
SUVA (HAIRDRESSERS & CHIROPODISTS) BY LAWS

To the Suva City Council as Local Authority for the urban Sanitary District of Suva.

I, \_\_\_\_\_ of \_\_\_\_\_  
[Name of Applicant] [Residential Address]

hereby apply for a permit to use premises situated at \_\_\_\_\_  
[Location of Business]

for the purpose of \_\_\_\_\_  
[Type of Business]

Premises known as \_\_\_\_\_ No. of Chairs \_\_\_\_\_  
[Name of Business]

Business Managed by: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
[Signature of Applicant]

[FOR OFFICIAL USE ONLY]

Premises approved on \_\_\_\_\_

Inspector \_\_\_\_\_

Licence No.: \_\_\_\_\_

