

KINGSTON UPON HULL ACT 1984 – SECTION 22 HAIRDRESSERS AND BARBERS

I/WE HEREBY MAKE APPLICATION under the provisions of the above Byelaws for registration to carry on the business of a hairdresser or barber.

1.	Full name of applicant:	Mr/Mrs/Miss (Delete as necessary)
	Full name of additional applicants:	
2.	Home address of applicant: Contact telephone number: Email:	
	Home address of additional applicants: Contact telephone number: Email:	
3.	Form of business ownership (e.g. sole trader, partnership, limited company). Provide full details:	
4.	Address of registered office (if applicable):	
5.	Business trading name:	
6.	Business address:	
7.	Business Email and telephone contact (if applicable):	
I/WE HEREBY CERTIFY that to the best of my/our knowledge and belief, the above particulars		
are true.		
Date:Signature(s)		

This form should be returned to:

- Environmental Health, Health & Safety, Hull City Council, 33 Witham, Hull, HU9 1DB or by email to:
- environmental.health@hullcc.gov.uk