

NOTICE OF INTENT TO OPERATE OR ALTER A PERSONAL SERVICES SETTING

Continue to Operate
 New Premise
 Renovation
 Additional Services

Return completed form to the Health Unit **14 days prior** to the planned opening, start of construction/renovation or offering of additional services.

Proposed date of Opening/Renovation/New Service(s): _____

Name of Premise: _____ Business Phone# _____

Business Address: _____

Business Email Address: _____

Owner/Operator Name: _____ Operator Phone #: _____

Mailing Address (if different from above): _____

Operator Email Address: _____

Corporation Name/Number: _____

Corporation Address (if different from above): _____

Name of Principal Officer: _____

Services Offered:

Hair Dressing & Barbering Manicure, Pedicure & Nail Treatments
 Electrolysis & Hair Removal Tattoo & Micropigmentation
 Body Piercing & Body Modification Earlobe Piercing
 Other: _____

Services being added (if applicable): _____

Renovation:

Will services be provided during renovation or reconstruction?

Yes No N/A

Describe Alterations/Renovations:

Name of Applicant:

Date:

Personal information is collected under Section 3 of [O.Reg 136/18: Personal Service Settings](#). This information will be used for ownership identification and enforcement of the regulation. Contact Jordan Banninga, Infectious Disease Control Manager at 519-663-5317 if you have further questions.