## NOTIFICATION OF A PERSONAL SERVICE SETTINGS (R.S.O. 1990, Reg. 136/18)

In accordance with the <u>Ontario Regulation 136/18 Personal Service Settings – Section 3</u>, all personal service settings are required to notify the Medical Officer of Health at the Porcupine Health Unit of their operation, provision of additional services, and reconstruction or renovation at least 14 days prior. Completed and signed forms can be dropped off or faxed to any Porcupine Health Unit office or emailed to <u>inspections@porcupinehu.on.ca</u>. If you require assistance, please call the Environmental Health department at (705)267-1181 (1-800-461-1818).

	☐ New Premise ☐ Ad			dition of services			☐ Renovati	☐ Renovation	
BUSINESS II	NFORMATION	1							
BUSINESS OF	R PREMISE NAMI	E:							
PROPOSED D	ATE OF OPENIN	IG: YYYY-MI	M-DD	BUSINE	SS PHON	E NUMBER: #	:##-###-####		
BUSINESS ADDRESS: CITY/TOWN:					POSTAL CODE:				
EMAIL:				WEBSITE:					
CORPORATIO	N NAME:								
CORPORATIO CITY/TOWN:	N ADDRESS:				POST	AL CODE:			
EMAIL:				CORPC	RATION P	HONE NUMBER	R: ###-###-##	<b>###</b>	
NAME OF PRI	NCIPAL OFFICE	R:							
OWNER INF	ORMATION								
OWNER NAM	E:								
OWNER ADDI CITY/TOWN:	WNER ADDRESS: TY/TOWN: POSTAL CODE:								
TELEPHONE	###-###-###	## Type:	□ home □	mobile	□ work	□ other (spec	cify):		
EMAIL:				FAX:	###-###	-####			
OPERATOR	INFORMATIO	N							
OPERATOR N	IAME:								
OPERATOR ADDRESS: CITY/TOWN: POSTAL CODE:									
TELEPHONE	###-###-###	## Type:	□ home □	] mobile	□ work	□ other (spec	cify):		
EMAIL:				FAX:	###-###	-####			
Select all days	of the week the	premise is	open and lis	t hours o	f operation	1:	_		
DAY:	☐ Monday	□ Tuesday	□ Wedne	esday [	□ Thursda	y □ Friday	□ Saturday	☐ Sunday	
OPEN HOURS									
SERVICES: (Check all	Aesthetics: ☐ hair ☐ barbering ☐ manicures ☐ pedicures ☐ facials ☐ waxing ☐ body scrubs/wraps ☐ hot shaves								
that apply)	Medical Aesthetics: ☐ injectables/fillers ☐ microdermabrasion ☐ laser/light treatments ☐ medical facials								
	Body Modifications: ☐ ear piercing ☐ body piercing ☐ tattooing ☐ microblading/microneedling								
	<ul> <li>□ permanent make-up □ dermal implants</li> <li>□ extreme body mod (e.g. scarification, tongue splitting, ear shaping)</li> </ul>								
	☐ Other (specify):								

O. Dec. 3, 2020 R.Dec 8,2023

GARBAGE: □ bulk bin □ curbside □ other (specify):										
WATER: □ municipal □ no	WATER: □ municipal □ non-municipal *(non-municipal sources will require an assessment by the Porcupine Health Unit)									
SEWAGE:   municipal   **private (specify):  ** (non-municipal (private) sewage disposal will require an assessment by the Porcupine Health Unit)										
DETAILED FLOOR PLAN IN				·						
ADDITIONAL NOTES:										
PRINT:	SIGN:		DATE: YYYY-W	IM-DD						
FOR OFFICE USE ONL		Date rece	Date received: YYYYY-MM-DD							
Main Office  ☐ Timmins	Branch Offices  ☐ Cochrane	☐ Hornepayne	☐ Kapuskasing	☐ Smooth Rock Falls						
169 Pine St. South P.O. Bag 2012	2-233 Eighth St. POL 1C0	247 Third Avenue P.O. Box 127	4 Ash St. P5N 2C8	141 Fifth St. P.O. Box 388						
P4N 8B7 (705)267-1181 or	(705)272-3394 Fax. (705)272-4996	P0M 1Z0 (807)868-2091	(705)335-6101 Fax. (705)337-1895	P0L 2B0 (705)338-2654						
Fax. (705)264-3980	☐ Hearst	Fax. (807)868-2225  Iroquois Falls	☐ Matheson	Fax. (705)338-2250  Moosonee						
1-800-461-1818	1030 George St., Unit 2 L P.O. Box 2470 P0L 1N0	58A Anson Drive P.O. Box 575	Bingham Memorial Hospital P.O. Box 490	38 Revillion Rd P.O. Box 730						
www.porcupinehu.on.ca	(705)362-7808 Fax. (705)362-7462	P0K 1G0 (705)258-2247	P0K 1N0 (705)273-2954	P0L 1Y0 (705)336-2294						
		Fax. (705)258-2249	Fax. (705)273-2522	Fax. (705)336-2919						