

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

In accordance with the [Ontario Regulation 136/18 Personal Service Settings – Section 3](#), 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 inspections@porcupinehu.on.ca. If you require assistance, please call the Environmental Health department at (705)267-1181 (1-800-461-1818).

 New Premise Addition of services Renovation**BUSINESS INFORMATION**

BUSINESS OR PREMISE NAME:	
PROPOSED DATE OF OPENING: YYYY-MM-DD	BUSINESS PHONE NUMBER: ###-###-####
BUSINESS ADDRESS: CITY/TOWN:	POSTAL CODE:
EMAIL:	WEBSITE:
CORPORATION NAME:	
CORPORATION ADDRESS: CITY/TOWN:	POSTAL CODE:
EMAIL:	CORPORATION PHONE NUMBER: ###-###-####
NAME OF PRINCIPAL OFFICER:	

OWNER INFORMATION

OWNER NAME:	
OWNER ADDRESS: CITY/TOWN:	POSTAL CODE:
TELEPHONE: ###-###-#### Type: <input type="checkbox"/> home <input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> other (specify):	
EMAIL:	FAX: ###-###-####

OPERATOR INFORMATION

OPERATOR NAME:	
OPERATOR ADDRESS: CITY/TOWN:	POSTAL CODE:
TELEPHONE: ###-###-#### Type: <input type="checkbox"/> home <input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> other (specify):	
EMAIL:	FAX: ###-###-####

Select all days of the week the premise is open and list hours of operation:

DAY:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
OPEN HOURS							
SERVICES: (Check all that apply)	Aesthetics: <input type="checkbox"/> hair <input type="checkbox"/> barbering <input type="checkbox"/> manicures <input type="checkbox"/> pedicures <input type="checkbox"/> facials <input type="checkbox"/> waxing <input type="checkbox"/> body scrubs/wraps <input type="checkbox"/> hot shaves						
	Medical Aesthetics: <input type="checkbox"/> injectables/fillers <input type="checkbox"/> microdermabrasion <input type="checkbox"/> laser/light treatments <input type="checkbox"/> medical facials						
	Body Modifications: <input type="checkbox"/> ear piercing <input type="checkbox"/> body piercing <input type="checkbox"/> tattooing <input type="checkbox"/> microblading/microneedling <input type="checkbox"/> permanent make-up <input type="checkbox"/> dermal implants <input type="checkbox"/> extreme body mod (e.g. scarification, tongue splitting, ear shaping)						
	<input type="checkbox"/> Other (specify):						

