

APPLICATION FOR PERSONAL SERVICE ESTABLISHMENTS

Environmental Public Health & Licensing

A Personal Service Establishment is defined as a business in which a person provides a service to or on the body of another person. Use this form to record a new Personal Service Establishment or changes to an existing business (please complete all sections below, incomplete forms will be sent back)

□ I am opening/starting a new business/facility or renovating an existing business/facility.					
☐ I have purchased an existing business / facility.☐ I have moved locations.					
☐ I am updating my information with you, i.e. contact information, months of operation, type of facility.					
SECTION A: Name and Contact Information					
Business / Facility Name					
Operator/Manager Name					
Facility Site Address (include unit, number, street)					
City Postal Code					
Site/Business Phone					
Operator/Manager Cell Phone (if different from site/ business phone)					
Site Fax (if applicable)					
Site / Business Email					
Type of Ownership: ☐ Partnership ☐ Private/Sole Proprietorship ☐ Corporation or Company (Ltd., Inc.)					
What is the Legal (registered) Owner Name (e.g. Jane Doe or 123456 BC LTD)?					
Owner Contact Name					
Mailing Address (include unit, number, street)					
ty Postal Code					
Owner Email					
Owner Phone Owner Fax					
SECTION B: Business Information					
Intended Date of Opening / Change					
Months of Operation: All Year Seasonal Open from (month) to (month) to (month)					
If operations timeframes exceed a single date range, please provide details to the Environmental Health Officer					
Water Supply System: Private water supply (e.g. well, creek, lake) Describe: Community water supply system (e.g. Big City Waterworks, Parkland Community Water System) Water system name:					
Sewage Waste Disposal: ☐ Septic System ☐ Community Sewer					

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SECTION B: Business Information (continued)					
Select all services offered at your business					
Higher Risk Services		udes ear lobe piercing operations u ized jewelry in single use cartridges	s)	Micro Pigmentation / Micro blading Tattoo / semi permanent tattoo / tattoo removal Shaving using non disposable blades and handle / cradle Microneedling Shaving (if using reusable razor	
Risk Services	☐ Cosmetic laser services☐ Floatation tank☐ Tanning (indoor)	(Class 3b & 4 laser)		handle / cradle with disposable blades) Manicure Pedicure	
Low Risk Services	jewelry with a cartridge	using pre-packaged, pre-sterilized applicator) ration of skin (skin & body therapy)		Makeup (non-permanent, surface application only, no needle or blade) Massage (excluding RMT) Mud/steam bath Shaving (if only using disposable razors/blades/handles) Teeth whitening (excluding dentist) Waxing/threading	
☐ Other (Please specify, if not listed above):					
 Please review, complete and check the following: □ I agree to provide only the services indicated above and to meet all of the requirements listed in the BC Guidelines for Personal Service Establishments □ I have read and understood my responsibilities as outlined in the BC Guidelines for Personal Service Establishments □ I understand that it is my responsibility to advise the Health Authority in advance should I want to add additional services for my business. I understand that if I have added services without consulting the Health Authority, that I am operating these services without health approval. 				The following documentation must be included in your application: ☐ Application for Health Approval Form ☐ List of services provided and list of instruments and equipment being used ☐ Floor plans for PSE ☐ Infection control plan (Procedures for cleaning, disinfecting and sterilizing)	
Date (dd/mmm/y	yyy) Signature of	Applicant			
The personal information collected is necessary for program operation as per Section 26 of the Freedom of Information and Protection of Privacy Act. Information that appears on a permit may be disclosed per Section 22(4)(i) of the Act. If you have any questions about the collection and use of this information, please contact an Environmental Public Health Office.					
OFFICE US	E ONLY				
☐ New Applic	ation	□ HH#		Nexus #	
☐ Change of Owner – <i>Previous Owner Name</i> :					
☐ Change of Facility Name – <i>Previous Facility Name</i> :					
Name of System Supplying Water to Facility:					
Change of: ☐ Facility Category ☐ Facility Category Style ☐ Months of Operation ☐ Facility Site Address					
Category Style: ☐ High Risk Services ☐ Moderate Risk Services ☐ Low Risk Services (Nexus)					
HH Community: EHO:					

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Reporting Site (if applicable):

Work Area: