



Interior Health

HEALTH PROTECTION

Personal Services Information for Health Approval

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.

New business I need to update my business information (fill in first 2 lines plus any changes)

SECTION A: Name and Contact Information

Business/Facility Name		Operator/Manager	
Facility Site Address <i>(include unit, number, street)</i>		City	Postal Code
Site Phone	Cell Phone	Site Fax	
Email			
Type of Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Private/Sole Proprietorship <input type="checkbox"/> Corporation or Company (Ltd, Inc.)			
What is the Legal Owner Name?		Owner Contact	
Mailing Address <i>(include unit, number, street)</i> <input type="checkbox"/> Same as Site		City	Postal Code
Email	Owner Phone #	Owner Fax #	

SECTION A: Business Information

Intended Date of Opening / Change	Water Supply System
Months of Operation <input type="checkbox"/> All Year or <input type="checkbox"/> Seasonal Open from _____(month) to _____(month) <i>If operational timeframes exceed a single date range, please provide details to the Environmental Health Officer</i>	
Select all services offered at your business	
<input type="checkbox"/> Tattoo	<input type="checkbox"/> Tanning
<input type="checkbox"/> Nails/Esthetics	<input type="checkbox"/> Laser Hair Removal
<input type="checkbox"/> Hair Services	<input type="checkbox"/> Massage
<input type="checkbox"/> Health Spa or Sauna/Steam bath	<input type="checkbox"/> Ear/Body Piercing
<input type="checkbox"/> Other <i>(specify)</i>	
Signature of Applicant	Date
<small>The personal information collected is necessary for program operation 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 a Health Protection Office.</small>	

Office Use ONLY

<input type="checkbox"/> New Application HH#	Change of <input type="checkbox"/> Facility Category <input type="checkbox"/> Facility Category Style <input type="checkbox"/> Months of Operation <input type="checkbox"/> Facility Site Address
<input type="checkbox"/> Change of Owner - <i>Previous Owner Name</i>	
<input type="checkbox"/> Change of Facility Name - <i>Previous Premises Name</i>	
Name of System Supplying Water to Facility	
Category Style <input type="checkbox"/> Blood & Body Fluid <input type="checkbox"/> Non Blood & Body Fluids <input type="checkbox"/> Tanning	
HH Community	EHO
Reporting Site <i>(if applicable)</i>	Work Area