

Notice of Personal Service Setting Operation

The Personal Service Settings Regulation 136/18 made under the *Health Protection and Promotion Act* R.S.O. 1990 Ch.7 outlines operational requirements for personal service settings. Effective July 1, 2018, all operators of new and existing personal service settings must register their businesses with Public Health.

Public Health must be notified in writing prior to:

1. Opening a new personal service business
2. Adding services to existing businesses
3. Beginning renovations to existing businesses

In accordance with the Infection Prevention and Control Protocol, 2018 (as current), all inspections are publicly available on the Wellington-Dufferin-Guelph Public Health Check Before You Choose website <http://checkbeforeyouchoose.ca/>. The Infection Prevention and Control Protocol, 2018 is available at [http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Infection Prevention and Control Protocol 2018 en.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Infection_Prevention_and_Control_Protocol_2018_en.pdf)

This form may be faxed to Wellington-Dufferin-Guelph Public Health at 519-836-7215 (attention: Amy Marshall), or emailed to info@wdgpublichealth.ca.

Business Information						
Business Name:						
Legal Name: (If different than above)						
Mailing Address:		Phone:				
		Email:				
City:		Postal Code:				
<input type="checkbox"/> Public Location <input type="checkbox"/> Home-based Business		<input type="checkbox"/> Year-Round <input type="checkbox"/> Other: _____				
Water Supply: <input type="checkbox"/> Municipal <input type="checkbox"/> Private If private, water treatment is present: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Services Offered: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Barbering <input type="checkbox"/> Ear Piercing <input type="checkbox"/> Facials <input type="checkbox"/> Holistic Services <input type="checkbox"/> Manicure/Pedicure <input type="checkbox"/> Microneedling <input type="checkbox"/> Tattooing <input type="checkbox"/> Other: _____ </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Body Modification <input type="checkbox"/> Electrolysis <input type="checkbox"/> Fibroblast Treatment (Plasma Skin Tightening) <input type="checkbox"/> Laser Hair Removal <input type="checkbox"/> Massage/Body Rub (non-RMT) <input type="checkbox"/> Tanning <input type="checkbox"/> Waxing </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Body Piercing <input type="checkbox"/> Eyelash Services <input type="checkbox"/> Hair Cutting <input type="checkbox"/> Make-up <input type="checkbox"/> Microblading <input type="checkbox"/> Tattooing </td> </tr> </table>				<input type="checkbox"/> Barbering <input type="checkbox"/> Ear Piercing <input type="checkbox"/> Facials <input type="checkbox"/> Holistic Services <input type="checkbox"/> Manicure/Pedicure <input type="checkbox"/> Microneedling <input type="checkbox"/> Tattooing <input type="checkbox"/> Other: _____	<input type="checkbox"/> Body Modification <input type="checkbox"/> Electrolysis <input type="checkbox"/> Fibroblast Treatment (Plasma Skin Tightening) <input type="checkbox"/> Laser Hair Removal <input type="checkbox"/> Massage/Body Rub (non-RMT) <input type="checkbox"/> Tanning <input type="checkbox"/> Waxing	<input type="checkbox"/> Body Piercing <input type="checkbox"/> Eyelash Services <input type="checkbox"/> Hair Cutting <input type="checkbox"/> Make-up <input type="checkbox"/> Microblading <input type="checkbox"/> Tattooing
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Owner and Operator Information	
Owner Name:	Operator Name
Do you belong to a regulatory college: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you belong to a regulatory college: <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner Name:	Operator Name
Do you belong to a regulatory college: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you belong to a regulatory college: <input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Information	
<input type="checkbox"/> This is a new business (notice must be provided at least 14 days of anticipated opening) Proposed date of opening: _____ <i>Note: Businesses in the City of Guelph cannot operate without an approved city business license. Refer to https://guelph.ca/business/licences-and-permits/business-licences-bylaw-background/</i>	
<input type="checkbox"/> This is an existing business	
<input type="checkbox"/> This is an existing business with planned renovations (notice must be provided prior to the anticipated start of renovations/construction and at least 14 days prior to renovations if business will be closed) Proposed date of renovations: _____ Business will be operational during renovations: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> This is an existing business planning to add services (notice must be provided at least 14 days prior to offering new service) Type of new service(s): _____	

Office Use Only

Facility Category:	Facility Number:
Category Style:	Work Area:
PHI Responsible:	Date Requested:
Date confirmation sent to assigned PHI:	

The information on this form is collected under the authority of the *Health Protection and Promotion Act* in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act*. This information will be used for the delivery of public health programs and services; the administration of the agency; and the maintenance of healthcare databases, registries and related research, in compliance with legal and regulatory requirements. Any questions about the collection of this information should be addressed to the Chief Privacy Officer at 1-800-265-7293 ext 2975.