

Each personal services vendor **MUST** submit a completed application form to Wellington-Dufferin-Guelph Public Health **at least 30 days prior** to the event. Events must comply with the Ontario Personal Service Settings Regulation 136/18 (as current). Applications **MUST** be approved prior to the event. **Failure to receive prior approval may result in closure of the vendor's booth, or other legal action.** Once approved by Public Health this application will serve as a temporary event license for the duration of the specified temporary event and must be posted at the vendor's booth.

Complete and email form to: info@wdgpublichealth.ca

Event Information

Event Name: _____ Event Address: _____
Date(s) of Event: _____ Hours of Operation: _____

Vendor Information

Business Name: _____ Owner(s): _____
Do you belong to a regulatory college: Yes No
Address: _____ Operator(s): _____
Phone: _____ Email: _____
Vendor Booth Name/Number: _____ Booth Location: Indoor Outdoor

Aesthetic Services Provided: Yes No (if yes, please complete section below)

Service(s) to be provided: _____

Single Use (disposable) equipment to be used:

- Wax/makeup/tint applicators Gloves
 Buffer blocks/nail files Toe separators
 Other: _____

Reusable equipment to be used:

- Cuticle Nippers Nail Clippers
 Scissors Nail files/foot files
 Other: _____

**** Note: premises must provide an adequate supply of reusable items or must obtain Public Health approval for on-site cleaning and disinfection of reusable items**

Tattooing/Piercing Services Provided: Yes No (if yes, please complete section below)

**** Note: if tattooing is to be performed, all items must be single use and disposable**

Single use (disposable) equipment to be used:

- Gloves Piercing jewelry
 Dental bibs Ink caps
 Razors Disposable grips/tubes/ tips
 Sterile needles Tattoo stencils
 Other: _____

Reusable equipment to be used:

- Clamps/Forceps
 Other: _____

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|---|--|
| <p>Sharps and Garbage</p> <p>Approved sharps container onsite: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Lined garbage can with tight-fitting lid onsite: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Method of waste water disposal: <input type="checkbox"/> Municipal <input type="checkbox"/> Other:</p> | <p>Water Supply</p> <p><input type="checkbox"/> Municipal water <input type="checkbox"/> Bottled water <input type="checkbox"/> Hauled water Name of hauler: _____ # of hauler: _____</p> |
| <p>Hand Hygiene Stations</p> <p><input type="checkbox"/> At booth (plumbed) <input type="checkbox"/> Portable hand washing station</p> | <p>Hand Station Supplies</p> <p><input type="checkbox"/> Liquid soap in dispenser <input type="checkbox"/> Hand sanitizer (60-90% alcohol content) <input type="checkbox"/> Paper towel in dispenser <input type="checkbox"/> Other: _____</p> |
| <p>Cleaning and Disinfecting</p> <p>Name of disinfectants to be used: _____</p> <p>Drug Identification Number (DIN)/Natural Product Number (NPN): _____</p> <p>What will equipment be used for? _____</p> <p><i>Note: all dirty equipment must be stored in puncture proof containers with tight fitting lids and transported back to main business for cleaning, disinfection/sterilization. Dirty equipment must be submerged in water and detergent or enzymatic cleaner. Dirty equipment must be cleaned and disinfected/or sterilized prior to reuse.</i></p> | |

Applicant: I have received and read the *Infection Control Checklist for Operating Personal Services at Temporary Events (for vendors)*. I understand the requirement for temporary personal service vendors at temporary events and have provided the information to all personal service workers that will be working in my booth at the event. I agree that all the information I have provided on the application form is accurate.

_____ Name (please print) _____ Signature _____ Date

To be completed by Public Health Inspector:

Application approved: Yes No

Inspector comments: _____

_____ Name (please print) _____ Signature _____ Date