

Personal Service Temporary Event Application: Personal Service Vendors

Each personal services vendor **MUST** submit a completed application form to Wellington-Dufferin-Guelph Public Health **at least 14 days prior** to the event. Events must comply with applicable sections of the Infection Prevention and Control Best Practices for Personal Services Settings document (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 fax form to Wellington-Dufferin-Guelph Public Health at **1-519-836-7215 (attention CID)** or email to your area Public Health Inspector.

Event Information				
Event Name:		Event Address:		
Date(s) of Event:				
Vendor Information				
Business Name:		Owner:		
Phone:		Email:		
Vendor Booth Name/Number	r:	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:		Reusable Equipment to be used:		
☐ Wax/makeup/tint applicat	ors Gloves	☐ Cuticle Nippers	☐ Nail Clippers	
☐ Buffer blocks/nail files	☐ Toe separators	□ Scissors	☐ Nail files/foot files	
☐ Other:		☐ Other:		
		** Note: premises must provide a items or must obtain Public Healt disinfection of reusable items	an adequate supply of reusable th approval for on-site cleaning and	
Tattooing/Piercing Service	es Provided: 🗆 Yes 🗀 N	O (if yes, please complete sec	ction 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		Reusable equipment to I Clamps/Forceps		
	☐ Piercing jewelry☐ Ink caps	□ Clamps/Forceps	U Other.	
	•			
Razors	☐ Disposable grips/tubes/ ti	ps		
☐ Sterile needles☐ Other:	☐ Tattoo stencils			
other.				

Sharps and Garbage	Water Supply			
Approved sharps container onsite: \square Yes \square No	☐ Municipal water			
Lined garbage can with tight-fitting lid onsite:	☐ Bottled water☐ Hauled water			
☐ Yes ☐ No	Name of hauler:			
Method of waste water disposal:	# of hauler:			
☐ Municipal ☐ Other:				
Hand Hygiene Stations	Hand Station Supplies			
☐ At booth (plumbed)	☐ Liquid soap in dispenser ☐ Hand sanitizer			
☐ Portable hand washing station	☐ Paper towel in dispenser			
	□ Other:			
Cleaning and Disinfecting				
Name of disinfectants to be used:				
What will they be used for?				
Test strips provided for disinfectant: ☐ Yes ☐ No ☐ N/A				
Note: all dirty equipment must be stored in puncture proof containers with tight fitting lids and transported back to main business for cleaning,				
disinfection, and sterilization. Dirty equipment must be cleaned and/or sterilized prior to reuse.				
Applicant: I have received and read the Infection Control Checklist for Operating Personal Services at Temperary Events (for				
Applicant: I have received and read the <i>Infection Control Checklist for Operating Personal Services at Temporary Events (for vendors)</i> . 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			
The species proof	o _p			
To be completed by Public Health Inspector:				
Application approved: Yes No				
Inspector comments:				
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Name (please print)	Signature Date			