

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 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.**
Complete and email form to: info@wdgpublichealth.ca

Event Information

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

Multiple Events

If you are attending more than one event in the Wellington-Dufferin-Guelph region, write the names of the upcoming events below. Application forms are not required for these events.

Event Name: _____ Date: _____ Location: _____
Event Name: _____ Date: _____ Location: _____

Vendor Information

Business Name: _____ Owner(s): _____
Do you belong to a regulatory college: Yes No If no, please attach a copy of your most recent inspection report.
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: Vendor must provide an adequate supply of reusable items or obtain Public health approval for on-site cleaning and disinfection.**

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

Reusable equipment to be used:

- Clamps/Forceps
- Other: _____

<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</p> <p><input type="checkbox"/> Bottled water</p> <p><input type="checkbox"/> Hauled water Name of hauler: _____ # of hauler: _____</p>
<p>Hand Hygiene Stations</p> <p><input type="checkbox"/> At booth (plumbed)</p> <p><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 (70-90%alcohol content)</p> <p><input type="checkbox"/> Paper towel in dispenser</p> <p><input type="checkbox"/> Other: _____</p>

Cleaning and Disinfecting

Name of disinfectants to be used: _____

Drug Identification Number(DIN)/NaturalProduct Number (NPN): _____

What will equipment be used for? _____

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.

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