



PERSONAL SERVICES FACILITY REGISTRATION INFORMATION

(Please Print)

☐ New Application ☐ Change of Ownership ☐ Change in Location ☐ Other _____

1. Name of Personal Service Facility (Trade Name): _____

2. Municipal Address / Physical Location _____

3. Postal / Mailing Address : _____ Postal Code: _____

4. Legal Land Location (if applicable): _____ (Lot) (Block) (Plan) or (Qtr) (Sec) (Twp) (Rge) (Meridian)

5. Name of Owner/ Registered company: _____

6. Name of the owner / operator / person in care and control of studio: _____

7. Phone #: _____ Fax #: _____ Cellular # _____
Email address _____

8. Date of Opening: _____ Estimated number of clients per day/week: _____

9. Type of Personal Services Offered (Check all applicable):

- ☐ Tattooing ☐ Other (specify): _____
☐ Body and Ear Piercing ☐ Other (specify): _____
☐ Hair Styling/Barbering ☐ Other (specify): _____
☐ Esthetics
☐ Electrolysis

10. Date of Last Inspection Conducted _____

11. Declaration:

I hereby make application to operate the personal service facility described above and declare that the information provided in the required documents (see attached) is complete and accurate. I understand that I must comply with all applicable regulations and associated Standards under the Public Health Act. I will notify AHS of any changes/additions to the services identified above.

Signature: _____ Date: _____

(Executive Officer) (Date)

Must comply with the:

- Personal Services Regulation
Health Standard & Guidelines for Barbering & Hairstyling
Health Standards & Guidelines for Electrolysis
Health Standards & Guidelines for Tattooing
Health Standards & Guidelines for Body & Ear Piercing
Health Standards & Guidelines for Esthetics
Nuisance and General Sanitation Regulation