

APPLICATION FOR PERSONAL SERVICE FACILITY

COMPLETE ONE APPLICATION IN FULL FOR EACH PERSONAL SERVICE FACILITY

The personal information collected relates directly to and is necessary for program operation per Section 28 of the *Freedom of Information and Protection of Privacy Act*. Information that appears on a licence may be disclosed per Section 22(4)(i) of the Act, as it is not considered an unreasonable invasion of personal privacy. If you have any questions about the collection and use of this information, contact the Vancouver Island Health Authority Information & Privacy Office. **PLEASE PRINT WHERE POSSIBLE**
RETURN FORM TO NEAREST EPH OFFICE: <https://www.islandhealth.ca/our-locations/health-protection-environmental-services-locations>

STATUS	NEW <input type="checkbox"/> New Facility <input type="checkbox"/> New Location <input type="checkbox"/> New Ownership AMENDMENT <input type="checkbox"/> Change to Facility			
PERSONAL SERVICES FACILITY	FACILITY NAME (Doing Business As)			
	FACILITY LOCATION ADDRESS			
	CITY	POSTAL CODE	TELEPHONE	
	FAX	EMAIL		
	MAILING ADDRESS (IF DIFFERENT FROM ABOVE):			
FACILITY'S REGISTERED OWNER	<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> SOCIETY* <input type="checkbox"/> PARTNERSHIP* <input type="checkbox"/> INCORPORATED* <input type="checkbox"/> <i>*Copy of Legal Documents Provided</i>			
	REGISTERED OWNER NAME			
	MAILING ADDRESS			
	CITY	PROV	POSTAL CODE	
	TELEPHONE	FAX	ALTERNATE PHONE	
	EMAIL			
FACILITY MANAGER/ CONTACT	CONTACT NAME		POSITION	
	TELEPHONE	FAX	EMAIL	
FACILITY SERVICING	WATER SOURCE <input type="checkbox"/> COMMUNITY (SYSTEM NAME): _____ <input type="checkbox"/> WELL <input type="checkbox"/> OTHER (SPECIFY): _____			
	SEWAGE DISPOSAL <input type="checkbox"/> SEWER <input type="checkbox"/> ONSITE SEWAGE DISPOSAL			
OPERATIONAL MONTHS	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC <input type="checkbox"/> ALL YEAR			
FACILITY INFORMATION	<input type="checkbox"/> TATTOO/PERMANENT MAKEUP <input type="checkbox"/> BODY PIERCING/MODIFICATION <input type="checkbox"/> FLOATATION TANK <input type="checkbox"/> OTHER (SPECIFY): _____			
	SINKS (#): _____ STATION CHAIR/TANKS/BEDS (#): _____ TOTAL WORK AREA (SQ.FT.): _____ FLOOR FINISH: _____ WALLS: _____ TANK/TANNING BED MODEL: _____ LIGHTING TYPE: _____ NUMBER OF FIXTURES: _____			
	INSTRUMENT STERILIZATION FACILITIES:			
	<input type="checkbox"/> ALL SINGLE USE PRE-STERILIZED <input type="checkbox"/> STERILIZATION WITH AUTOCLAVE (SPECIFY TYPE): _____			
	SIZE OF CLEAN AREA AND STORAGE (SQ. FT.): _____ VENTILATION: _____			
	SANITARY FACILITIES:			
	TOILETS (#): _____ HAND SINKS (#): _____ CLEANING SINKS (#): _____			
	FOOD/BEVERAGE SERVICES: <input type="checkbox"/> YES <input type="checkbox"/> NO			
	OPERATOR QUALIFICATIONS (SPECIFY): _____			
	VERIFICATION	<input type="checkbox"/> I have read the Guidelines for Personal Services Establishment		
APPLICANT SIGNATURE _____		DATE _____		
I hereby certify that the information set out by me in this application is true and correct to the best of my knowledge and belief. I acknowledge that it is an offence to supply false or inaccurate information on this application				
PRINT NAME _____				
	PHONE _____	PLANS INCLUDED <input type="checkbox"/> YES <input type="checkbox"/> NO		
FOR OFFICIAL USE ONLY		DATE	INITIAL	
	RECEIVED BY EPH			FACILITY TYPE
	POSTED TO HS CLOUD			FACILITY #
	PLANS APPROVED BY EHO			
	FACILITY APPROVED BY EHO			