

Please submit the following application with the floor plans a minimum of 14 days before starting the work (contact details below)			
Name of the owner/operator:		Telephone #:	
Name of premises:			
Address:			
Postal code:			
Name of applicant:		Telephone #:	
Position of applicant:			

Anticipated start date <small>(dd/mm/yyyy)</small>		Anticipated completion date <small>(dd/mm/yyyy)</small>	
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<input type="checkbox"/> New premises	<input type="checkbox"/> Renovation	Municipal water: <input type="checkbox"/> Yes <input type="checkbox"/> No	Municipal sewage: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Type of services <small>(check all that apply)</small>	Type of equipment <small>(check all that apply)</small>	
<input type="checkbox"/> Aesthetics <input type="checkbox"/> Body modification <input type="checkbox"/> Body piercing <input type="checkbox"/> Earlobe piercing <input type="checkbox"/> Electrolysis <input type="checkbox"/> Eyebrow/eyelash tinting <input type="checkbox"/> Eyelash extensions <input type="checkbox"/> Hairdressing/barbering <input type="checkbox"/> Facials <input type="checkbox"/> Laser service <input type="checkbox"/> Make-up application <input type="checkbox"/> Manicure/pedicure <input type="checkbox"/> Microblading <input type="checkbox"/> Micro-needling <input type="checkbox"/> Micropigmentation/permanent make-up	Sinks: <input type="checkbox"/> Separate hand washing sink <input type="checkbox"/> continuously supplied with hot and cold running water under pressure <input type="checkbox"/> located near/at the work area <input type="checkbox"/> accessible at all times <input type="checkbox"/> cannot be a portable sink <input type="checkbox"/> must be within the setting <input type="checkbox"/> Equipment cleaning sink <input type="checkbox"/> continuously supplied with hot and cold running water under pressure	Equipment <input type="checkbox"/> Single-use (i.e. nail files, sponges, tattoo cartridge) <input type="checkbox"/> Multi-use equipment (i.e. combs, clippers) <input type="checkbox"/> Sharps container (for safe disposal of sharps i.e. razor) <input type="checkbox"/> Sterilizer on-site Brand/model: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Surfaces: <input type="checkbox"/> Furniture (chairs, tables, countertops etc.) <input type="checkbox"/> good repair – no rip or tears

<input type="checkbox"/> Tattooing <input type="checkbox"/> Threading <input type="checkbox"/> Waxing <input type="checkbox"/> Other <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> deep enough to immerse the largest piece of reusable equipment used <input type="checkbox"/> cannot be the hand washing sink <input type="checkbox"/> cannot be located in a room with a toilet <input type="checkbox"/> cannot be a portable sink <input type="checkbox"/> must be within the setting	<input type="checkbox"/> easily cleanable – smooth, impermeable surface, no fabric <input type="checkbox"/> Floor: easily cleanable, smooth, impermeable surface, no carpet or rugs
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Additional information:

OFFICE USE ONLY			
Nexus #		Area #:	
Approval date: <small>(dd/mm/yyyy)</small>		District PHI:	
Approval date: <small>(dd/mm/yyyy)</small>		Second PHI:	

environmental@peelregion.ca

Peel Public Health, Health Protection

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