

NOTICE OF INTENT TO OPERATE OR ALTER PERSONAL SERVICES SETTINGS

Continue to operate

New Business

New Location

Renovation

Start Date Opening/Renovation: dd-mmm-yyyy

Name of Premise:

Address:

Phone #:

Business Email Address:

Owner/Operator Name:

Mailing Address:

Operator Phone #:

Operator Email Address:

List of Services Offered:

Eye Lashes

Hair Salon

Microblading

Micropigmentation

Nail Salon

Tanning Salon

Tattoo

Other:

Will services be provided during renovation or reconstruction: Yes No

Describe Alterations/Renovations:

Signature:

Date: dd-mmm-yyyy

Please fill in all information above
and return this form 14 days prior to the planned opening date or start of renovation.

Return this form to the Middlesex-London Health Unit
50 King Street, London, ON N6A 5L7 or by fax (519) 663-8241 or by email health@mlhu.on.ca

April 2019