# Simcoe Muskoka District Health Unit

Clinical Service Department

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**NOTICE OF PERSONAL SERVICES SETTING (PSS) OPERATION**

**If you are currently in operation, you are required to complete this form and submit   
it to us by October 31, 2018.**

**All owner/operators of PSS are to submit this form at least 14 days prior to opening, adding new services or renovations.**

Please Type or Print All Entries

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Premises Name: | | | | | | | |
| New Premises  Existing Premises  Addition of Services  Renovation | | | | | | | |
| **Premises Physical Description** | | | | | | | |
| Municipality: | | Township: | | | Lot No.: | | Concession: |
| Premises Mailing Address: | | | | City: | | Postal Code: | |
| Premises Phone Number: | | | Premises Fax Number (if applicable): | | | | |
| Premises email: | | | Premises website (if applicable): | | | | |
| Owner’s Name: | | | | | | | |
| Is the Operator information the same as the Owner information listed above?  Yes  No | | | | | | | |
| If no, list Operator’s Name: | | | | | | | |
| Operational Information | | | | | | | |
| Open Year- round  Open Seasonally – list months open: | | | | | | | |
| Select all days of the week the premises is open and list hours of operation:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Day | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | | Open Hours |  |  |  |  |  |  |  | | | | | | | | |
| Services:  (check all that apply) | **Aesthetics:**  Hair  Barbering  Manicures  Pedicures  Facials  Waxing  Body scrubs/wraps | | | | | | |
| **Medical Aesthetics**:  Injectables/Fillers  Microdermabrasion  Laser/light treatments  Medical facials | | | | | | |
| **Body Modification**:  Ear piercing  Body piercing  Tattooing  Microblading/microneedling  Permanent make-up  Dermal implants  Extreme body mod (e.g. scarification, tongue splitting, ear shaping) | | | | | | |
| Other – please specify: | | | | | | |