Notice of Intent to Modify a Personal Service Premise

It is your legal obligation under Ontario Regulation 136/18 – Personal Services Settings to notify the Northwestern Health unit at least 14 days prior to the renovation of a Personal Service Setting. It is also your legal obligation to notify the Northwestern Health Unit at least 14 days prior to offering additional services.

Business Name:			
Site Address:			
Mailing Address:			
Owner Name:			
Operator Name:			
Phone #:	Business:	Hom	ne:
Please be specific when	itional services (if any listing items (ie: facial waxing als, microblading, shaving, ho	g, body waxing, gel nails, ac	crylic nails, steam facials, eyelash extensions, brow tinting
Please describe (in	detail) the extent of any	planned renovations o	or significant changes to the current work space
Will the business re	main open during the rer	novation? 🛭 Yes	□ No
Owner/Operator Sig	nature:	Date:	
Please submit by e- Northwestern Health		ı.on.ca, by fax, or to a	Public Health Inspector at your closest
Kenora 210 Fir	ı st Street North	Fort Frances 396 Scott Street	Dryden 75D Van Horne Ave

Personal information is collected under the authority of the Health Protection and Promotion Act and related legislation and in accordance with the Personal Health Information Protection Act and/or the (Municipal) Freedom of Information and Protection of Privacy Act. We collect only the personal information needed to provide public health programs and to plan and evaluate our services. Your information may be shared with others as required or permitted by law. For more information contact the health unit at 800-830-5978 or see the privacy statement on our web-site at www.nwhu.on.ca.

Fax: (807) 274-0779



Fax: (807) 468-3914



Fax: (807) 223-5754