Manitoba Health

PERSONAL SERVICES REGISTRATION FORM

www.manitoba.ca/healthprotection

PLEASE CHECK ONE OF THE FOLLOWING:

☐ **BASIC REGISTRATION** ☐ **NEW OWNER** ☐ **NEW CONSTRUCTION** ☐ **EXTENSIVE REMODELLING**

(If new operation, please specify opening date) _____

NAME OF BUSINESS: _____

STREET ADDRESS: _____ **CITY:** _____ **POSTAL CODE:** _____

TELEPHONE: (_____) _____ **FAX**: (_____) _____ **EMAIL:** _____

MAILING ADDRESS FOR BUSINESS:

☐ **SAME AS ABOVE** ☐ **ALTERNATE MAILING ADDRESS (i.e. P.O.Box):**_____

CITY _____ **PROVINCE:** _____ **POSTAL CODE:** _____

LEGAL OWNER OF BUSINESS: (Owner or Company Applying for Permit)

☐ **Company Name** _____

☐ **Partnership** _____

☐ **Sole Proprietorship** _____

Company Contact Person: _____ **Driver's License #**_____

STREET ADDRESS: _____

CITY: _____ **PROVINCE:** _____ **POSTAL CODE**: _____

TELEPHONE: (_____) _____ **CELL: (_____)** _____ **EMAIL:** _____

ON SITE CONTACT PERSON: _____

BODY MODIFICATION CERTIFICATE: ☐ **YES** ☐ **NO** Required by City of Wpg By-law No.40/2005 for each body modification technician practicing body modification in the City of Winnipeg.

PLAN SUBMITTED: (**Required for new construction or extensive remodelling**). ☐ **YES** ☐ **NO**

A detailed drawing showing workstations, cleaning & sterilizing room, storage, service areas, washrooms, staff rooms, equipment layout, and a listing of equipment and construction materials in workstations and cleaning & sterilization room to be provided.

STERILIZATION METHOD:

☐ Autoclave ☐ Single use only ☐ Chemical (indicate type) _____

_____ _____

DATE **SIGNATURE OF OWNER/REPRESENTATIVE**

For Office Use Only: (CHECK APPRORIATE BOX)

Body Modification:(permit required-Wpg only)

☐	Tattoo	☐	Piercing	☐	Permanent Makeup	☐	Dermal Anchors	☐	

Esthetics:

☐	Nails	☐	Skin Care	☐		☐		☐	

Hair Removal:

☐	Electrolysis	☐	Laser	☐	Sugar/Waxing	☐	Threading	☐	

Other:

☐	Acupuncture	☐	Colonic Irrigation	☐	Floatation Tank	☐	Barbering	☐	Hair Styling	☐	
☐	Mud Bath	☐	Spas (health/fitness clubs)	☐	Steam bath	☐	Tanning	☐	Massage/Theraputic Touch	☐	Other:_____

PLEASE RETURN THE REGISTRATION FORM TO

healthprotection@gov.mb.ca