

# PERSONAL SERVICE ESTABLISHMENT PERMIT APPLICATION

Correspondence: ☐ English ☐ French

Ce formulaire est disponible en français. This form is available in French.

|  |  |  |              |
|--|--|--|--------------|
| Name of personal service establishment:  |  |  |              |
| Operator:  |  |  |              |
| Street Address:  |  |  |              |
| Mailing Address:   |  |  | Postal Code: |
| Phone:   | Cell:                                      | Fax:   | Email:       |
| List your type(s) of personal service establishment (refer to back page for complete list):  |  |  |              |
| Select the term of permit for your personal service establishment:   |  |  |              |
|  | Term of Permit:                            | Fee:   |              |
| 1. Annual Personal Service Establishment Permit  | <input type="checkbox"/> 1 year            | \$108  |              |
| 2. Temporary Personal Service Establishment Permit   | <input type="checkbox"/> less than 2 weeks | No Fee   |              |
| If applying for a temporary permit,<br>list the start date: _____ and end date: _____  |  |  |              |
| Permit Renewal <input type="checkbox"/> New Permit <input type="checkbox"/> (proposed date of opening): _____                                      |  |  |              |
| Payment by: Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> |  |  |              |
| Credit Card Number: _____  |  | Expiry Date: ____/____/____  |              |
| Name on Credit Card: _____   |  | CVC: _____   |              |
| _____<br>Signature   |  | _____<br>Print Name  |              |
|  |  | _____<br>Date  |              |
| Return completed form to:  |  |  |              |
| Environmental Health<br>Health and Social Services<br>P.O. Box 1320<br>Yellowknife, NT X1A 2L9   |  | Phone: 867-767-9066 ext. 49262<br>Fax: 867 669-7517<br>Email: environmental_health@gov.nt.ca |              |

Approved ☐ \_\_\_\_\_  
Environmental Health Officer      Print Name      Date

The personal information is being collected under the authority of the *Personal Service Establishment Regulations* and will be used to process your application for a Personal Service Establishment Permit. It is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection or use, contact the Chief Environmental Health Officer at 867-669-8979.

## **Types of Personal Service Establishment**

The types of personal services requiring a permit are defined in the *Public Health Act*:

“personal service establishment” means:

- (a) the place of business of a barber, cosmetologist, electrologist, esthetician, hairdresser, manicurist, pedicurist, tattooist, acupuncturist, massage therapist or naturopath,
- (b) a gymnasium, spa, health club, diet centre or sun tanning parlor, or
- (c) an establishment defined in the regulations as a personal service establishment;

and in the *Personal Service Establishment Regulations*:

- (a) the place of business of a chiropractor;
- (b) the place of business of a person who provides one or more of the following services:
  - (i) application, maintenance or removal of artificial nails,
  - (ii) colonic irrigation,
  - (iii) ear or body piercing,
  - (iv) human branding,
  - (v) laser hair removal,
  - (vi) micropigmentation,
  - (vii) shaving;
- (c) a place of business, or a place accessible to the public such as a public recreation facility, that provides a mud bath, sauna or steam room;
- (d) rooms or other areas of a college or school, or rooms or other areas used for a training program, in which:
  - (i) personal services are practised on human beings in the course of the training, or
  - (ii) equipment used for that purpose is cleaned, disinfected, sterilized or stored.