

PERSONAL SERVICES REGISTRATION FORM

www.manitoba.ca/healthprotection

□ BASIC REGIS	TRATION DEW Control NEW Cont	_		_	NSIVE REMODELLING
NAME OF BUSINI	SS:				
STREET ADDRESS	:	c	:ITY:	POSTAL CO	DDE:
TELEPHONE: ()	FAX: ()	EMAI	L:	
	SS FOR BUSINESS: VE 📋 ALTERNATE MAILIN	NG ADDRESS (i.e. P.O.	.Box):		
		PROVINCE:	POST	AL CODE:	
Company NarPartnership	COF BUSINESS: (Owner of the second seco				
	t Person:				
	:				
		PROVINCE: POSTAL C			
TELEPHONE: () CEI	.L: ()	EMAIL:		
ON SITE CONTAC	T PERSON:				
A detailed drawin layout, and a listin STERILIZATION M		eaning & sterilizing ro uction materials in wo	oom, storage, service orkstations and clea	e areas, washrooms, sta	m to be provided.
DATE		SIGNATURE OF OWNER/REPRESENTATIVE			
	Doly: (CHECK APPRORIATE	,			
	Piercing	Permanent Ma	akeup De	rmal Anchors	
Tattoo					
Esthetics:		<u>_</u>		- (I	
Esthetics: Nails	Skin Care				
Esthetics: Nails Hair Removal:					
Esthetics: Nails Hair Removal: Electrolysis	Skin Care	Sugar/Waxing	Threading		
Esthetics: Nails Hair Removal:				Hair Styling	

PLEASE RETURN THE REGISTRATION FORM TO

healthprotection@gov.mb.ca