

A. Owners information

Type of ownership (select one):	<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Society <input type="checkbox"/> Other:
Legal owner: <i>(ex: Jane Doe or 123456 BC Ltd.)</i>	Doing business as: <i>(ex: Northern Spa)</i>
Owner contact name:	Owner contact number:

B. Contact information

Site information:	Mailing/Billing information: <input type="checkbox"/> Same as site information		
Person in charge:	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Other	Mailing contact name:	
Position:			
Street address:		Mailing address:	
City/municipality:		City/municipality:	Prov:
Postal code:		Postal code:	
Phone:		Phone:	
Cell:		Cell:	
Email:		Email:	

C. Services offered (select all that apply)

Non-invasive: <input type="checkbox"/> Colonic irrigation <input type="checkbox"/> Massage (excluding RMT) <input type="checkbox"/> Eyelash extensions <input type="checkbox"/> Microderm abrasion <input type="checkbox"/> Eyelash tinting <input type="checkbox"/> Mud/therapy baths <input type="checkbox"/> Facials <input type="checkbox"/> Sauna/steam baths <input type="checkbox"/> Floatation tanks <input type="checkbox"/> Straight blade shave <input type="checkbox"/> Hair services (salon/barber) <input type="checkbox"/> Tanning - UV <input type="checkbox"/> Laser therapy <input type="checkbox"/> Tanning - Spray <input type="checkbox"/> Make-up application <input type="checkbox"/> Teeth whitening <input type="checkbox"/> Manicure/pedicure <input type="checkbox"/> Waxing <input type="checkbox"/> Other:	Invasive: <input type="checkbox"/> Branding <input type="checkbox"/> Dermal punching <input type="checkbox"/> Microblading <input type="checkbox"/> Permanent make-up (micropigmentation) <input type="checkbox"/> Piercing <input type="checkbox"/> Scarification <input type="checkbox"/> Sub-dermal implants <input type="checkbox"/> Tattooing <input type="checkbox"/> Tongue forking <input type="checkbox"/> Other	Prohibited: • Ear candling • Fish pedicures
Facility categorization:		<input type="checkbox"/> Non-invasive <input type="checkbox"/> Invasive

Type of change:	<input type="checkbox"/> New facility <input type="checkbox"/> Ownership change <input type="checkbox"/> Services change	
Supporting documents:	<input type="checkbox"/> Site plan <input type="checkbox"/> Sanitation plan	
Name:	Signature:	Date:
EHO name:	EHO signature:	Date:

Contact information	php@northernhealth.ca	
Northwest Prince Rupert 250-622-6380 Smithers 250-847-6400 Terrace 250-631-4222 3412 Kalum Street Terrace, BC V8G 4T2	Northern Interior Quesnel 250-983-6810 Vanderhoof 250-567-6900 Prince George 250-565-2150 4 th Floor, 1600 3 rd Ave Prince George, BC V2L 3G6	Northeast Dawson Creek 250-719-6500 Fort Nelson 250-774-7092 Fort St John 250-263-6000 10115 - 110 th Ave Fort St John, BC V1J 6M9

