





## MUNICIPAL LICENCE APPLICATION

### YORK REGION PUBLIC HEALTH

As of January 1998, Public Health Departments have been mandated under the Ministry of Health and Long-Term Care to inspect all Personal Service Settings to ensure compliance with the *Personal Service Settings Protocol, January 1998* for good infection control practices.

This protocol applies to any facility or person offering services where there is a risk of exposure to blood or body fluids such as, but not limited to: hairdressing, barber shops, tattooing, body piercing, ear piercing, aesthetic services, electrolysis, acupuncture and micro-pigmentation.

York Region Health Services Department is responsible for ensuring all Personal Service Settings within York Region are in compliance with this protocol. Upon new licencing, re-licencing or change of business ownership, please indicate below all personal services offered by your facility along with your updated business information.

**Check off all the services that will be offered in your premise (this includes services that will be provided by persons who sublet in your premise):**

- |  |  |   |                                       |                                    |
|--|--|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Any skin penetrating service (e.g. mole removal, spider vein removal, skin tag removal, etc.) | <input type="checkbox"/> Facials                       |   |                                       |                                    |
| <input type="checkbox"/> Food Service (includes food prepared on site, catered food, hot and cold beverages)           | <input type="checkbox"/> Waxing                        |   |                                       |                                    |
| <input type="checkbox"/> Body Treatments (e.g. mud wraps)  | <input type="checkbox"/> Tattooing, Micro-Pigmentation | <input type="checkbox"/> Tanning                      |                                       |                                    |
| <input type="checkbox"/> Hydrotherapy/Whirlpool Tub  | <input type="checkbox"/> Acupuncture                   | <input type="checkbox"/> Body Piercing                | <input type="checkbox"/> Ear Piercing |                                    |
| <input type="checkbox"/> Electrolysis  | <input type="checkbox"/> Pedicures                     | <input type="checkbox"/> Hair Services                | <input type="checkbox"/> Make-up      | <input type="checkbox"/> Manicures |
| <input type="checkbox"/> Laser Hair Removal  | <input type="checkbox"/> Acne Treatments               | <input type="checkbox"/> Other (Please specify) _____ |                                       |                                    |

**For information contact York Region Health Services *Health Connection* at: 1-800-361-5653**

**Business Registration submitted:**  Corporation  Partnership  Sole Proprietorship

**Note :** A Master Business Licence is also required if any of the above business registrations does not indicate the business location within the City of Vaughan jurisdiction. Assistance is available for business registration at the Vaughan Business Enterprise Centre – Located at 9995 Keele Street. Telephone:905 832-8526 Email:vbec@vaughan.ca Website:www.vaughan.ca/VBEC

Address of Business: \_\_\_\_\_ Unit \_\_\_\_\_

City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Registered Business Name \_\_\_\_\_

Operating Name \_\_\_\_\_

Bus. Tel. # \_\_\_\_\_ Fax # \_\_\_\_\_ Home Tel. # \_\_\_\_\_

Mobile Tel # \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address (If Different than above) \_\_\_\_\_

Unit \_\_\_\_\_ Postal Code \_\_\_\_\_ City: \_\_\_\_\_ Prov/State \_\_\_\_\_

Anticipated Date of Occupancy \_\_\_\_\_



# MUNICIPAL LICENCE APPLICATION

## LAND AND BUILDING USE DECLARATION

Description of Main Use or Activity: \_\_\_\_\_

List of other uses or activities: \_\_\_\_\_

Has there been any construction, alterations or renovations at the subject premises since the previous Licence issuance? Yes  No

### 1) Please answer all of the following questions:

- a) Will food be sold to the public for immediate consumption on the property? (eating establishment) Yes  No
- b) Is there an outdoor patio associated with an eating establishment? Yes  No
- c) Will food be sold for take-out? (eating establishment) Yes  No
- d) Are any of the following activities being proposed at the subject location? Yes  No 
  - wood working
  - spray painting
  - welding
  - commercial cooking
  - use of compressed flammable gases
- e) Total number of staff: Male \_\_\_\_\_ Female \_\_\_\_\_
- f) Will the use include the repair or servicing of equipment/appliances? Yes  No
- g) Will the use include the repair or servicing of motor vehicles? Yes  No
- h) Will there be any outdoor storage of vehicles, goods or materials? Yes  No
- i) Will there be any outdoor display of vehicles, goods or materials? Yes  No
- j) Will the use include retail sales? Yes  No 

Percentage (%) of Floor Area devoted to retail sales \_\_\_\_\_%

If you answered yes to the above, will all of the commodities you retail be products of the main use or activity? Yes  No
- k) Will the use include wholesale sales? Yes  No

**For information regarding Land Use – please contact Building Standards Department at 905 832-8510**

### 2) Identification of Hazardous/Dangerous Materials

Please identify by Trade Name and substance, all hazardous/dangerous materials that are used/stored on the premises. If additional space is required please attach a separate list to this form.

check here if no hazardous/dangerous materials are used/stored on the premises.

Trade Name

Substance

_____	_____
_____	_____
_____	_____



## MUNICIPAL LICENCE APPLICATION

### 3) Declaration

I, \_\_\_\_\_ Position with Company: \_\_\_\_\_ certify that:  
*(Print name in full)*

- 1) The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
- 2) I have authority to bind the corporation or partnership (if applicable).
- 3) I acknowledge that the application may contain “personal information” as defined under the Municipal Freedom of Information and Protection of Privacy Act. This information is required pursuant to the provisions of the Municipal Act. It will be used by the City of Vaughan to process this application, for administration of this Licence and to ensure compliance with all applicable statutes, regulations and by-laws. Questions about this collection should be directed to the Licensing Office, City of Vaughan, 2141 Major Mackenzie Drive Vaughan, Ontario L6A1T1 (905) 832-8585.
- 4) The applicant further agrees that any false information may result in a revocation of any Licence that may be issued. Do not mail or email this application.

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of applicant)*

<b>OFFICE USE ONLY</b>
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Fire Department     Health Department    Inspector's Name \_\_\_\_\_

B.S.D. Application No. \_\_\_\_\_ – M.L. \_\_\_\_\_

No Objection     Objections \_\_\_\_\_

Receipt # \_\_\_\_\_

### Comments

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