

**NOTICE OF INTENTION TO  
COMMENCE OPERATION OF A PERSONAL SERVICES SETTING PREMISE  
UNDER  
ONTARIO REGULATION 136/18**

**Notice of intention, operation, additional services, construction**

**3.** (1) Every person who intends to operate a personal service setting shall provide notice, in writing, of the intention to the medical officer of health of the health unit in which the personal service setting will be located at least 14 days before commencing the operation.

Date: \_\_\_\_\_

1. Business Name: \_\_\_\_\_

Legal/Corporation Name: \_\_\_\_\_

Address (including PO Box if applicable): \_\_\_\_\_

City/Township: \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number (Work): \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email (Work): \_\_\_\_\_

2. Business Owner Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Driver's Licence # \_\_\_\_\_

Address (including PO Box if applicable): \_\_\_\_\_

City/Township \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

3. Business Operator Name (if different from owner): \_\_\_\_\_

D.O.B. \_\_\_\_\_

Driver's Licence # \_\_\_\_\_

Address (including PO Box if applicable): \_\_\_\_\_

City/Township \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

4. Personal services that will be provided: \_\_\_\_\_

5. Opening Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Return To: Renfrew County and District Health Unit  
Healthy Environments  
141 Lake Street  
Pembroke, Ontario K8A 5L8  
Telephone: 613-732-3629 Fax: 613-735-3067