



Health and  
Wellness

## Register to Operate a Personal Service Facility

Business Name (Please Print): \_\_\_\_\_

Location (Where business will be conducted): \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Fax # \_\_\_\_\_ Business Website: \_\_\_\_\_

**Registration Status:** Renewal ☐ New ☐

New registration: Include services offered

Registration renewal: Include details of any changes to the business

**List of Services:**

Barbering ☐, Body Modification ☐, Cosmetic Laser Services ☐, Dermaplaning ☐, Electrolysis/Laster Hair Removal ☐, Esthetics ☐, Facials ☐, Floatation Tank ☐, Hairstyling ☐, Make-Up ☐, Manicure ☐, Massage ☐, Microblading ☐, Microderm Abrasion ☐, Microneedling ☐, Micropigmentation ☐, Pedicure ☐, Permanent Make-Up ☐, Piercing ☐, Permanent Tattoo ☐, Tattoo Removal ☐, Teeth Whitening ☐, Waxing or Hair Removal ☐,  
Other ☐ \_\_\_\_\_

**Registration Fee - \$100 (\$25 for temporary business operating 14 days or less)**

**Please send registration with payment to the address listed at least 2 weeks prior to opening.**

**Cheque/money order is payable to "Minister of Finance"**

**Please send to:**

Environmental Health  
PO Box 2000, 16 Fitzroy Street  
Charlottetown, PE  
C1A 7N8

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions please contact Environmental Health at (902)368-4970

**Please Note: Registration fees are non-refundable**