



Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT –

Premise Licensing for WEC Municipalities

2026-02-05

BACKGROUND

The food and personal service industries are significant contributors to the Windsor-Essex County's (WEC) economy. These businesses are regulated under the [Health Protection and Promotion Act \(HPPA\)](#) and must comply with [Ontario Regulation 493/17 for Food Premises](#) and [Ontario Regulation 136/18 for Personal Service Settings](#) respectively. Similarly, retailers that sell tobacco and vapour products are regulated under the [Smoke-Free Ontario Act \(SFOA\)](#), 2017 and must comply with [Ontario Regulation 268/18](#). Together, these regulatory frameworks establish minimum standards for food safety, infection prevention and control, and youth access restrictions for age-restricted products. The Windsor-Essex County Health Unit (WECHU) conducts inspections to ensure these types of businesses are compliant with these regulations to help prevent foodborne illnesses, bloodborne infections, other infectious diseases, and unlawful sales of tobacco/vapour products to youth. In accordance with provincial requirements, owners and operators must notify the WECHU prior to opening a new business to request an inspection.

Food premises have been linked to outbreaks when pathogens enter and grow in food through improper food handling, preparation, and storage practices.¹ According to Public Health Ontario, pathogens such as campylobacter, *Listeria monocytogenes*, salmonella, *E. coli*, Norovirus and Yersinia are the most common causes of foodborne illness in Ontario, that can lead to severe gastrointestinal disease, hospitalization, and even death.² Currently, the WECHU inspects 3,058 fixed food premises annually, including institutional facilities, restaurants, home-based, and rental kitchens. Uninspected home-based food businesses continue to present a public health concern as many operate without notifying the local health unit. In the absence of such notification, the WECHU cannot verify compliance with regulatory requirements and may pose a risk to the public.

Personal service settings (PSS) such as nail salons and tattoo studios have been associated with the transmission of bloodborne infections such as hepatitis B, hepatitis C, and HIV, as well as other infectious organisms including *Staphylococcus aureus* when adequate infection prevention and control measures are not practiced.³ The PSS that offer procedures that are invasive (breaking the skin or touching mucous membranes) poses an increased risk of infection when contaminated equipment or hands touch non-intact skin. The WECHU inspects 589 PSS, which includes 50 home-based premises. Some home-based businesses may remain uninspected when the WECHU does not receive notification which could potentially increase the risk of infection transmission within the community.

Youth access to tobacco and vapour products also represents a significant and growing public health concern. In 2023, 17.1% of local students in Grades 7–12 who participated in the Ontario Student Drug Use and Health Survey (OSDUHS) reported vaping in the past 12 months. Despite restrictions prohibiting the

sale of vapour products to individuals under 19, 25.6% of youth who vaped indicated that they purchased products from a store, and 43.4% reported obtaining them from a friend (OSDUHS, 2023). Locally, 886 youth access inspections for tobacco and vapour products were conducted in 2025, resulting in 19 charges for selling vapour products to a person under 19 and 12 charges for selling tobacco products to a person under 19. While Canada caps nicotine at 20 mg/mL, the WECHU seized 1,148 vapour products in 2025 that were above the limit. Nicotine exposure during adolescence impairs brain development and can worsen anxiety and depression.^{4,5,6} These trends underscore the need for strong local licensing controls to support compliance among local tobacco and vape product vendors.

Although inspections are mandated through provincial regulation, a key challenge in WEC is maintaining an accurate inventory of the total number of food premises and PSS that are open and operating, that require inspections. Several municipalities in Ontario, including the City of Windsor, have a formal licensing framework through enacted by-laws, in which food premises, PSS, and tobaccoist must obtain a business licence before operating. However, this licensing framework is not consistently utilized across the WEC. In municipalities without licensing, the WECHU must rely on indirect methods such as complaints from the public, and incidental observations by Public Health Inspectors to identify new establishments. Over the past three years, the WECHU received 111 complaints about food premises operating without inspection in our region, consisting of 28 fixed and 83 home-based facilities. During the same period, complaints also identified 33 personal service settings consisting of 23 fixed and 10 home-based operations that were similarly operating without inspection. These complaints have been critical in identifying uninspected premises and in minimizing potential public health risks. However, relying on complaints as the primary response for inspections is not sufficient. There needs to be a more proactive, systematic approach to ensure that new premises operating within the WEC jurisdiction are identified and inspected in a timely and consistent manner.

Introducing municipal licensing throughout WEC for all food premises, personal service settings that offer invasive services, and tobacco vapour product retailers would strengthen this approach by establishing a consistent and structured framework in WEC. Licensing would ensure that the WECHU is notified whenever a new business applies to operate, allowing inspections to occur prior to opening. This early engagement provides an opportunity to educate operators, confirm that food safety and infection prevention and control practices are in place, and verify that facilities are following the regulations. It would also help maintain a complete inventory of facilities operating within WEC.

PROPOSED MOTION

Whereas, the WECHU has a mandate under the [Ontario Regulation 493/17 for Food Premises](#), [Ontario Regulation 136/18 for Personal Service Settings](#), and [Ontario Regulation 268/18](#) for Smoke-Free Ontario to inspect these premises; and

Whereas, improper food handling, preparation, and storage practices at food premises are among the most common contributing factors to foodborne illness caused by pathogens such as *Salmonella*, *E. coli*, *Listeria monocytogenes*, and Norovirus; and

Whereas, personal service settings offering invasive procedures can present risks of infection and transmission of bloodborne pathogens when proper infection prevention and control practices are not consistently followed; and

Whereas, nicotine poses a significant threat to the physical and mental health of youth by interfering with brain development and worsening symptoms of anxiety and depression; and

Whereas, indirect inventory collection methods such as complaints from the public and incidental observations to identify new premises in WEC is not a comprehensive strategy to ensure inspections are timely and complete.

Now therefore be it resolved that the Windsor-Essex County Board of Health recommends local municipalities adopt licensing frameworks that require inspections to be conducted at food premises, personal service settings, and tobacco and vapour retailers prior to operation.

References:

1. Centre for Disease Control (CDC). (n.d). [Preventable causes of outbreaks](#)
2. [Public Health Ontario \(2025\). Food Safety.](#)
3. Public Health Ontario (2019). Guide to Infection Prevention and Control in Personal Service Settings
4. Government of Canada. (2025, November 21). *Consider the consequences of vaping*. Retrieved from <https://www.canada.ca/en/services/health/campaigns/vaping.html>
5. Lechner, W. V., Janssen, T., Kahler, C. W., Audrain-McGovern, J., & Leventhal, A. M. (2017, March). Bi-directional associations of electronic and combustible cigarette use onset patterns with depressive symptoms in adolescents. *Preventive Medicine*, 96, 73-78.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC5510594/>
6. Vermeer, J., Leatherdale, S., & Patte, K. (2025). *COMPASS Windsor-Essex County Health Unit Report*. University of Waterloo.