

SOUTHWICK BOARD OF HEALTH
APPLICATION FOR LICENSE OF ESTABLISHMENT FOR THE PRACTICE OF
MASSAGE THERAPY and/or BODYWORK

NAME OF ESTABLISHMENT _____

ADDRESS _____

PHONE () _____

NAME OF ESTABLISHMENT OPERATOR _____

ADDRESS _____

PHONE () _____

DATE OF BIRTH _____

I am applying for a permit to operate an establishment for the practice of massage therapy;
bodywork; movement education as a (please check one)

- _____ Professional practitioner/operator
- _____ student/apprentice practitioner/operator
- _____ business owner/operator

If ownership is a partnership or corporation, please list names and addresses of partners or corporate officers.

NAME	ADDRESS	CITY	STATE/ZIP	PHONE

Do you own, in whole or in part, any other massage therapy and/or bodywork establishment(s)?
YES _____ NO _____ If yes, complete the following.

NAME	ADDRESS	CITY	STATE/ZIP	PHONE

MASSAGETHAERPY and/or BODYWORK

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Have you ever had an establishment license in any other jurisdiction?

YES _____ NO _____ If yes, where? _____

Was it ever revoked?

YES _____ NO _____ If yes, when? _____

Please list names, addresses and phone numbers of two people whom we may contact as character references. At least one person must live in Massachusetts.

NAME	ADDRESS	CITY	STATE	ZIP	PHONE#
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Please submit a fee of \$100.00.

I agree to operate only under the name or the designation specified above and I agree to notify the Southwick Board of Health at least 14 days prior to any change of name, address or ownership. I have received, read and agree to abide by the Rules and Regulations of Massage Therapy and/or Bodywork of the City/Town of Southwick.

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Operator Signature: _____

Date: _____

Social Security # or Federal I.D. # _____