

Sudbury Board of Health

275 Old Lancaster Road Sudbury, MA 01776 (978) 440-5479

APPLICATION FOR LICENSE

Annual Fee: \$600

| | Date: |
|--|--|
| To the Town of Sudbury Licensing Authorities: | |
| The undersigned hereby applies for a License in acc | cordance with the provision of the Statute relating thereto: |
| | Print Full Name (APPLICANT) |
| PURPOSE FOR WHICH LICENSE IS REQUEST | ED: |
| | HE PRACTICE OF BODYWORK ACCORDING TO THE TIONS OF THE TOWN OF SUDBURY |
| Complete Name of Establishment and Location | by Street and Number in the Town of Sudbury: |
| Establishment | Location |
| Telephone Number(s) of the Establishment: | |
| I certify under the penalties of perjury that I, to the and paid all state taxes required under the law. | e best of my knowledge and belief, have filed all state tax returns |
| Signature of Individual or Corporate Name (Mandatory) | Corporate Officer (Mandatory) |
| SSN or Federal ID # | |
| THIS LICENSE WILL NOT BE ISSUED U | NLESS THIS CERTIFICATION CLAUSE IS SIGNED BY |
| | the Massachusetts Department of Revenue to determine whether you have fail to correct their non-filing or delinquency will be subject to the License authority of M.G.L. c.62C, § 49A. |
| Signature of Applicant | Print Full Name |
| Telephone No. | Mailing Address (if different than above) |
| Telephone No. | Maning Address (if different than above) |

Applicant 24-Hour Emergency Phone No.

BODYWORKESTABLISHMENT

Page 2 of 3

APPLICATION FOR LICENSE

| Applicant Name: | | | | |
|--|---|--------------------|--|--|
| Print | | Date | | |
| Name of Establishment: | | | | |
| Establishment Location: | | | | |
| | | | | |
| Who will be the Person-in-Charge ¹ : | | | | |
| Is the Establishment known by any other names: (Circle) | YES NO | | | |
| Please answer the following questions: (Check) | | | | |
| Have you ever had a revocation, restriction or denial of a permit or license to practice bodywork issued by <i>any</i> state or municipality or jurisdiction for any reason: | | | | |
| Have you ever had a revocation, restriction or denial of a certificate issued by <i>any</i> jurisdiction or certification body: □ NO □ YES (if so, attach disclosure*) | | | | |
| Applicant is at least 21 (twenty-one) years of age or older: | □ YES □ NO | | | |
| Applicant can communicate effectively in English: | □ YES □ NO | | | |
| I allow one front faced digital photograph to be taken by the Sudbury Health Department at the time of this license application's submission to be attached to the license, if granted. \Box YES \Box NO | | | | |
| Bodywork Establishment Questionnaire | | | | |
| Does the Establishment have a handwashing sink other than those in the restrooms? YES | | | | |
| Does the Establishment have a proper waiting area for clier | YES NO | | | |
| Does the Establishment have proper lighting, ventilation and heating? YES NO | | | | |
| Does the Establishment have sanitary facilities and associated sanitization equipment/products? YES NO | | | | |
| Does the Establishment have signage displayed per Sec. 5.29 of the Regulations? YES NO | | | | |
| Does the Establishment have Department of State-Know Your Rights Pamphlet properly posted? YES NO | | | | |
| | | | | |
| 8 1 | | | | |
| The Establishment complies with all Rules and Regulations Governing the Practice of Bodywork. YES NO | | | | |
| Will the Establishment location be a residence? | | YES NO | | |
| Documents to be attached to this Application for Bodywork Establishment: | | | | |
| □ Non-refundable application fee of \$600 | ☐ Copy of High School Diploma or | requivalent | | |
| ☐ Copies of two (2) forms of satisfactory identification | ☐ Proof of Professional Liability Insurance and | | | |
| □ Complete CORI/SORI Request Form | Worker's Compensation Insurance | | | |
| ☐ If applicable, disclosures as specified above* | □ Completed Worker's Comp | ensation Insurance | | |
| | Affidavit: General Business | | | |
| ☐ Copy of valid CPR Certification form(s) | | | | |
| □ Copies of Bodywork Therapist Licenses of all □ Completed Affidavit of Certification of Number of | | | | |
| therapists performing bodywork at the Establishment. | Employees in a Bodywork Establish | hment | | |
| ☐ Written plan for sanitation measurers per Sec. 5.32 | | | | |

Lhave furnished all above documents as attached to this Application for Bodywork Establishment: YES NO

THE TOWN OF SUDBURY BOARD OF HEALTH RULES AND REGULATIONS GOVERNING THE PRACTICE OF BODYWORK (REGULATION 17-1), AS PROMULGATED BY THE BOARD OF HEALTH, PURSUANT TO

¹ *Person-in-Charge*: The license holder of a Bodywork Establishment License, or his/her designee, present at the bodywork establishment who is responsible for the operation at the time of inspection, and who is authorized to sign Department inspection forms and communicate with the Department of its authorized agents(s).

ITS AUTHORITY UNDER M.G.L. CHAPTER 111, SECTION 31, HAS BEEN PROVIDED TO APPLICANT WITH THIS APPLICATION BY THE TOWN OF SUDBURY HEALTH DEPARTMENT.

BODYWORKESTABLISHMENT

APPLICATION FOR LICENSE

Page 3 of 3

ACKNOWLEDGMENT

I have read and agree to abide by the Sudbury Board of Health Rules and Regulations Governing the Practice of Bodywork (Regulation 17-1), copy of which has been furnished to me. By signing this application, I declare, under the penalty of perjury, that the forgoing information contained in this application is true and correct. False statements shall constitute grounds for revocation, suspension, or denial of an issued or un-issued license.

By signing this acknowledgment, I authorize the Town of Sudbury, its agents, and employees to seek information and to conduct an investigation into the truth of the statements set forth in this application which shall include both a Criminal Offender Records Information and a Sexual Offender Records information request with the Criminal System History Board.

By signing this application, I understand that establishments and therapists are subject to inspections, as specified in the Regulations, by the Department or its authorized agent(s) during all times of operation. I understand the failure to abide by these Regulations may result in revocation of my license to operate a Bodywork Establishment.

| Signature of Applicant | Print Name | |
|------------------------|------------|--|
| | | |
| Date | | |