

# **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 acco	ordance with the provision of the Statute relating thereto:
	Print Full Name (APPLICANT)
PURPOSE FOR WHICH LICENSE IS REQUESTE	ED:
	HE PRACTICE OF BODYWORK ACCORDING TO THE IONS OF THE TOWN OF SUDBURY
Complete Name of Establishment and Location b	y 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.	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 UN APPLICANT	NLESS THIS CERTIFICATION CLAUSE IS SIGNED BY
	he Massachusetts Department of Revenue to determine whether you have all 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)
Cellphone No.	E-Mail Address

Applicant 24-Hour Emergency Phone No.

### BODYWORKESTABLISHMENT

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### APPLICATION FOR LICENSE

Applicant Name:				
Print	Date			
Name of Establishment:				
Total Liberty and Total and				
Establishment Location:				
Who will be the Person-in-Charge <sup>1</sup> :				
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 $any$ state or municipality or jurisdiction for any reason: $\Box$ NO $\Box$ YES (if so, attach disclosure*)				
Have you ever had a revocation, restriction or denial of a certificate issued by $any$ jurisdiction or certification body:				
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.   □ YES □ NO				
Bodywork Establishment Questionnaire				
Does the Establishment have a handwashing sink other than	those in the restrooms? YES NO			
Does the Establishment have a proper waiting area for clier	tts? 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				
The Establishment complies with all zoning requirements of the Town of Sudbury?  YES NO				
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 equivalent			
□ 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 Compensation Insurance			
	Affidavit: General Business			
☐ Copy of valid CPR Certification form(s)	☐ A signed passport type photo taken within last 30 days			
□ Copies of Bodywork Therapist Licenses of all □ Completed Affidavit of Certification of Number				
therapists performing bodywork at the Establishment. Employees in a Bodywork Establishment				
□ 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

<sup>1</sup> *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.

#### **BODYWORK ESTABLISHMENT**

APPLICATION FOR LICENSE

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#### **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		