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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.*

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Signature of Applicant

Print Name

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Date