



Needham Public Health Division

178 Rosemary Street, Needham, MA 02494
www.needhamma.gov/health

781-455-7940 ext. 504
781-455-7922 (fax)



Bodywork Establishment Application

APPLICANT NAME:		Date:
MAILING ADDRESS:		
STATE:	ZIP CODE:	
E-MAIL ADDRESS:	SOCIAL SECURITY:	
PERSONAL TELEPHONE:	EMERGENCY TELEPHONE:	

If Corporation, Partnership or Trustees, give Name, Title & Home Address of Officers, Partners, or Trustees below:

Name	Title	Home Address

State of Incorporation: _____ **Any change in home or business addresses or telephone numbers must be reported immediately to the Needham Public Health Department.*

Pursuant to MGL 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.

X	X	X
Federal ID# or Social Sec. #	Signature of Corporate Officer, if applicable	Corporate Name

Signature of Applicant: _____

- * This License will not be issued unless the certification clause is signed by applicant.
- * Your Social Security Number may be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to license suspension or revocation.

Bodywork Establishment Information

ESTABLISHMENT NAME:	
ESTABLISHMENT ADDRESS:	
ESTABLISHMENT TELEPHONE:	FAX NUMBER:
E-MAIL ADDRESS:	

***All required documents MUST be dropped off in person. Needham Public Health needs to verify two forms of identification**

Questionnaire (circle one)

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 10 YEARS?	YES	NO
HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OR A FELONY WITHIN THE LAST 5 YEARS?	YES	NO
HAVE YOU EVER HAD A LICENSE TO PRACTICE MASSAGE DENIED, SUSPENDED, OR REVOKED?	YES	NO
HAVE YOU EVER LOST A LICENSURE OR CERTIFICATION BY ANY MUNICIPALITY OR OTHER JURISDICTION FOR ANY REASON?	YES	NO

Please explain the circumstances around the conviction if you answered “yes” to any of the above questions.

Please list all Licensed Bodyworks Practitioners that work at your Establishment.

CPR Certificates

Please list all employees trained in CPR.

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Authorization

READ AND SIGN:

I have read and agree to abide by Needham Board of Health Regulation #19

It is a violation of Needham Board of Health Regulation #19 for any person who is not licensed in this manner to operate a Bodywork Establishment or as an Individual Bodywork Practitioner.

By signing this, I declare under the penalty of perjury, that the foregoing 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 I authorize the Town of Needham, its agents and employees, to seek information and 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.

Applicant Signature: _____ **Date:** _____

Printed Name: _____

Required Documents*

Please submit the following items:

- A check or money order payable to the Town of Needham
- Copies of two forms of identification (e.g. Drivers License, Passport, Birth Certificate)
- A recent front-faced color photograph.
- Copies of CPR Certificates.
- Insurance Coverage Pages for Workers Compensation and General Liability.

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