

HUDSON BOARD OF HEALTH

78 Main Street, Hudson, Massachusetts 01749 Phone (978) 562-2020 Fax (978) 562-8508

APPLICATION FOR LICENSE

Date:

To the Town of Hudson Licensing Authorities:

The undersigned hereby applies for a License in accordance with the provision of the Statute relating thereto:

Print Full Name (APPLICANT)

PURPOSE FOR WHICH LICENSE IS REQUESTED:

MAINTAIN AN ESTABLISHMENT FOR THE PRACTICE OF BODYWORK ACCORDING TO THE RULES AND REGULATIONS OF THE TOWN OF HUDSON

Complete Name of Establishment and Location by Street and Number in the Town of Hudson:

Establishment

Location

Telephone Number(s) of the Establishment:

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 the law.

Signature of Individual or Corporate Name (Mandatory)

Corporate Officer (Mandatory)

SSN or Federal ID #

THIS LICENSE WILL NOT BE ISSUED UNLESS THIS CERTIFICATION CLAUSE IS SIGNED BY APPLICANT

Your Social Security Number (SSN) will 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 the License suspension or revocation. This request is made under the 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.

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BODYWORK ESTABLISHMENT

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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 bodywor or municipality or jurisdiction for any reason: NO YES (if so, attach disclosure*		oy <i>any</i> state	
Have you ever had a revocation, restriction or denial of a certificate issued by <i>any</i> jurisdiction on NO □ YES (if so, attach disclosure*		tion body:	
Applicant is at least 21 (twenty-one) years of age or older: \Box YES \Box NO			
Applicant can communicate effectively in English: \Box YES \Box NO			
I allow one front faced digital photograph to be taken by the Hudson Health Department at the application's submission to be attached to the license, if granted. □ YES □ NO	e time of	this license	
Bodywork Establishment Questionnaire			
Does the Establishment have a handwashing sink other than those in the restrooms?			
Does the Establishment have a proper waiting area for clients?	YES	NO	

Does the Establishment have a proper warning area for chemis.	1 LO	110
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 Hudson?	YES	NO
The Establishment complies with all Rules and Regulations Governing the Practice of Bodywork	k. 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 \$100	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 of		
therapists performing bodywork at the Establishment.	Employees in a Bodywork Establishment		
□ Written plan for sanitation measurers per Sec. 5.32			

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

THE TOWN OF HUDSON 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 HUDSON HEALTH DEPARTMENT.

BODYWORK ESTABLISHMENT

APPLICATION FOR LICENSE

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ACKNOWLEDGMENT

I have read and agree to abide by the Hudson 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 Hudson, 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