

Applicant Name: _____
Print Date

Name of Establishment: _____

Establishment Location: _____

Who will be the Person-in-Charge¹: _____

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: NO YES (if so, attach disclosure*)

Have you ever had a revocation, restriction or denial of a certificate issued by *any* 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 Hudson 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 clients? | 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 Hudson? | 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:

<input type="checkbox"/> Non-refundable application fee of \$100	<input type="checkbox"/> Copy of High School Diploma or equivalent
<input type="checkbox"/> Copies of two (2) forms of satisfactory identification	<input type="checkbox"/> Proof of Professional Liability Insurance and Worker's Compensation Insurance
<input type="checkbox"/> Complete CORI/SORI Request Form	<input type="checkbox"/> Completed Worker's Compensation Insurance Affidavit: General Business
<input type="checkbox"/> If applicable, disclosures as specified above*	<input type="checkbox"/> A signed passport type photo taken within last 30 days
<input type="checkbox"/> Copy of valid CPR Certification form(s)	<input type="checkbox"/> Completed Affidavit of Certification of Number of Employees in a Bodywork Establishment
<input type="checkbox"/> Copies of Bodywork Therapist Licenses of all therapists performing bodywork at the Establishment.	
<input type="checkbox"/> 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).

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