



BILLERICA BOARD OF HEALTH
TOWN HALL
365 BOSTON ROAD
BILLERICA, MA 01821
TELEPHONE (978) 671-0931
FAX 978-671-0919
Web Site www.town.billerica.ma.us

BILLERICA BOARD OF HEALTH
APPLICATION FOR BODYWORK THERAPY ESTABLISHMENT
Pursuant to Billerica Board of Health Regulations Chapter 3, Section 3.6.005

PLEASE PRINT

NEW _____ RENEWAL _____ FEE _____
DATE _____

NAME OF BUSINESS _____
STREET ADDRESS _____
BUSINESS WEBSITE _____
DAYS & HOURS OF OPERATION _____
NAME OF APPLICANT: _____
ADDRESS OF APPLICANT: _____
CITY/TOWN _____ STATE _____ ZIP _____
EMAIL ADDRESS _____
HOME PHONE _____ BUSINESS PHONE _____

Establishment Licensure Information and Requirements

- A. In addition to ensuring that all bodywork therapists employed in the establishment have obtained a license to practice bodywork in the Town of Billerica, a proprietor wishing to operate bodywork establishment must comply with the additional licensure requirements below.
- B. Unless all bodywork therapists within the facility have individual licenses from the Town of Billerica Board of Health ("Board"), it is a violation of the Board of Health Regulations for any person operating a bodywork establishment to present his/her establishment as a licensed by bodywork establishment or to hold his/her establishment out to the public as being licensed by using a title on signs, mailboxes, address plates, stationery, announcements, telephone listings, calling cards, or other instruments of professional identification or advisements of any sort.
- C. To operate a bodywork establishment in the Town of Billerica, a person must complete the following application process:
- The applicant shall answer every question truthfully, accurately and completely, and supply all supporting information requested in the application form. The applicant shall submit the application along with all required documentation and fees to the Board. All required documents must be received by the Board within sixty (60) days for an application to be deemed active. False statements shall constitute grounds for revocation or denial of an issued license.
 - Applications shall be accepted throughout the year. The Board shall act on license applications within thirty (30) days of receipt of all required documents required by the Regulations.
 - The applicant shall include in the application copies of the licenses of all duly licensed body workers performing bodywork at the establishment. An establishment shall have at least one (1) duly licensed body worker employed at all times in order to maintain licensure.
 - The owner of the establishment is responsible to ascertain that all persons performing bodywork in his/her establishment are duly licensed by the Board. Violation of this requirement may result in suspension or revocation of the establishment license.
 - There shall be a person designated by the owner to be in charge of the establishment present at all times during business hours. The person in charge shall be a manager or a therapist. This person shall be authorized to sign Board inspection forms and shall be responsible for the operation of the establishment in the absence of the owner.
 - Therapists shall maintain a sufficient level of personal cleanliness and wear clothing that is clean, as determined by the Board. No person in an establishment shall be unclothed. No person working in an establishment shall wear attire that exposes any portion of the areola of the female breast or any portion of the pubic hair, cleft of the buttocks or genitals.

- The applicant for an establishment license shall submit a nonrefundable application fee in accordance with the most recent Board of Health Fee Schedule by check or money order made payable to the Town of Billerica.
- The application shall be sworn to and signed by the applicant and notarized by a Notary Public of the Commonwealth of Massachusetts.
- All documents submitted for licensure purposes become the property of the Board and will not be returned.

Establishment Standards

- All establishments must contain a waiting area for clients within the establishment.
- The establishment shall maintain a properly installed smoke detector and fire extinguisher.
- Bodywork may be conducted only in rooms which are adequately lighted and ventilated, and so constructed that they can be kept clean. Floors, walls, ceilings and windows must be kept free of dust, soil and other unclean substances.
- A plan describing sanitation measures must be provided to the Board for any bodywork which entails disrobing and/or draping, use of oils or lotions, and/or use of a massage-type of table.

ANY CHANGE IN AN EXISTING OPERATION REQUIRES PRIOR REVIEW AND APPROVAL BY THE BOARD OF HEALTH

For Renewal Application, describe any changes in original floor plan approved:

Pursuant to Billerica Health Regulations, Chapter 1, Section 1.9.001 this application is subject to a thirty (30) day review and approval period.

LATE RENEWALS WILL BE ASSESSED A LATE FEE IN ACCORDANCE WITH THE MOST CURRENT BOARD OF HEALTH FEE SCHEDULE. LATE FEES ARE EQUAL TO THE ORIGINAL PERMIT FEE. FAILURE TO TAKE APPROPRIATE ACTION TO RENEW PERMITS MAY RESULT IN ADDITIONAL FEES OR FINES TO BE IMPOSED OR OTHER ADMINISTRATIVE ACTION.

I hereby certify, upon the pains and penalties of perjury, that I read and understand the content of this Application, and that the information I have provided in this application and submitted in support hereof is true, accurate and complete to the best of my knowledge.

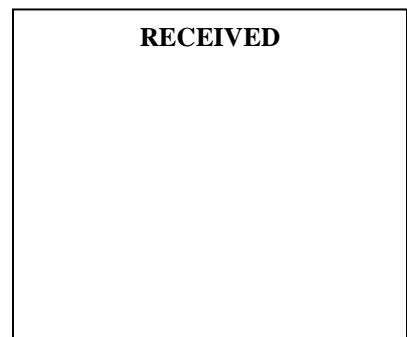
Pursuant to Massachusetts General Law Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Print Name of Owner

Signature of Owner

Date

Social Security # / Federal Identification #



Commonwealth of Massachusetts

Middlesex, ss

_____, 20_____

On the above referenced date, before the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, to be the person whose name is signed on the attached license application, and acknowledged to me that he/she signed it voluntarily for its intended purpose.

Notary Public

My Commission Expires: