

Methuen Health Department
90 Hampshire Street
Methuen, MA 01844
Telephone: (978) 983-8655 Fax: (978) 983-8988

Fee: \$150.00	Expires:
Late Fee: \$10.00/day	Permit: #
Date Paid:	

APPLICATION FOR A MESSAGE ESTABLISHMENT PERMIT

The following information must be provided:

Applicants Full Name:		Telephone:
Address:	City:	State and Zip Code:

ESTABLISHMENT NAME AND LOCATION

Establishment Name:		Telephone:
Address:	City:	State and Zip Code:

ESTABLISHMENT INFORMATION

1. How many rooms will be used for treatment of patrons?

2. What arrangements are made for cleaning towels, robes or other coverings used in connection of treatment of patrons?

3. Are the rooms described used or to be used for any other purpose other than massage treatment? _____

If so, please explain.

4. Give a description of any other business to be conducted on the same or adjoining premises owned, controlled or leased by applicant.

5. Have you previously operated in this town, another town or state?

YES _____, list license number _____ NO _____

list details: _____

6. Have you had a business license revoked or suspended? _____ If "yes" state the reason:

7. List the name and address of each therapist who will be employed at this facility.

Name and Address

Name and Address

Name and Address

FOR INDIVIDUALS APPLYING FOR PERMIT ONLY:

PREVIOUS RESIDENCES - FOR LAST TWO YEARS (please list most recent first)

1. Address:	City, State, Zip Code:
2. Address:	City, State, Zip Code:
3. Address:	City, State, Zip Code:

PREVIOUS BUSINESSES OR EMPLOYMENT - FOR LAST THREE YEARS (please list most recent first)

1. Business Name:	Capacity in which employed:	Address and Telephone:
2. Business Name:	Capacity in which employed:	Address and Telephone:
3. Business Name:	Capacity in which employed:	Address and Telephone:

PROFESSIONAL REFERENCES

Please list three professional or business references that can be contacted for further information regarding your character to carry on the business for which you made this application.

1. Name:	Address:	Telephone:
2. Name:	Address:	Telephone:
3. Name:	Address:	Telephone:

PERSONAL REFERENCES

Please list two personal references, other than relatives or business associates, that can attest that the applicant is of good moral character.

1. Name:	Address:	Telephone:
2. Name:	Address:	Telephone:

Please attach proof of age and liability insurance.

FOR ALL APPLICANTS:

Please list the names and addresses of any massage therapy businesses/establishments owned/operated by you.

1. Name:	Address:	Telephone:
2. Name:	Address:	Telephone:
3. Name:	Address:	Telephone:

I understand that I must comply with the Board of Health regulations governing the practice of massage therapy and that the issuance of this permit in no way releases the applicant from the obligation to obtain any other permits or licenses required by any local, state, federal or other regulatory agency.

I certify under penalties of perjury that I, to my best knowledge and belief that the foregoing information contained in this application is true and correct.

Social Security No. or Tax Identification Number:	
Signature of Individual:	Date Signed:

Payment shall accompany this application and please make the check or money order payable to the "City of Methuen".