WEYMOUTH TOWN HALL
75 Middle Street
Weymouth, MA 02189
(781) 340-5004

Notice of New Town Ordinance Requiring Massage Establishment Licensing

Effective February 17, 2026, the Town of Weymouth adopted a new ordinance regulating Massage Establishments operating within the town. *Please see attached*

Under this ordinance, all massage establishments are required to obtain a Town-issued license in order to continue operating legally within the Town of Weymouth. This requirement applies to both existing and newly established businesses.

To comply with the ordinance, your establishment must submit a completed license application along with any required supporting documentation and applicable fees. Applications can be obtained from the Licensing Department or by visiting www.weymouth.ma.us. We have also attached applications for your use.

Please submit your completed application no later than Friday, May 1, 2026 in order to be on the licensing agenda for approval. All licenses must be in place as of Wednesday, July 1, 2026. Operating without a valid license after this date will result in enforcement action, including fines or other penalties as outlined in the ordinance.

If you have questions about the licensing process or would like assistance completing the application, please contact the Weymouth Licensing Department at 781-340-5004.

We appreciate your cooperation in helping the Town implement these regulations and maintain compliance with local laws.

Sincerely,

Jason Harris

TOWN OF WEYMOUTH
BOARD OF LICENSING COMMISSIONERS

APPLICATION FOR MASSAGE ESTABLISHMENT LICENSE

Permit Fee Due: $500; all permit fees are Non-refundable

Establishment Name _____

MA State Massage Establishment License #: _____

Business Address _____

Business Email _____ **Business Phone:** _____

Proposed Days and Hours of Operation:

NOTE: The Rules of the Board of Licensing Commissioners require that the license, if granted, cannot be transferred or sold without the consent of the Board of Licensing Commissioners.

Applicant Name _____ **Are you the manager?** ☐ **Yes** ☐ **No**

Address _____ **Driver's License** _____

Email _____ **Phone** _____

If Corporation or Partnership, complete the below for all officers or partners:

Principal Managing Officer (PMO) Name _____

Address _____ **Driver's License** _____

Email _____ **Phone** _____

Name _____ **Title** _____

Address _____ **Driver's License** _____

Email _____ **Phone** _____

Name _____ **Title** _____

Address _____ **Driver's License** _____

Email _____ **Phone** _____

Please use additional paper if necessary.

Name of Manager (if different from applicant) _____

Address _____ **Driver's License** _____

Email _____ **Phone** _____

TOWN OF WEYMOUTH
BOARD OF LICENSING COMMISSIONERS

List all locations in which the applicant has previously held/or currently holds a Massage Establishment Permit/License and/or Massage Therapist License:

Business Name _____ **Phone** _____

Business Address _____ **License Type** _____

Dates of Employment or Permit/License _____

Business Name _____ **Phone** _____

Business Address _____ **License Type** _____

Dates of Employment or Permit/License _____

Business Name _____ **Phone** _____

Business Address _____ **License Type** _____

Dates of Employment or Permit/License _____

Has the applicant ever had an above listed Permit/License suspended or revoked? ☐ **Yes** ☐ **No**

If yes, list the reason for suspension or revocation: _____

_____

_____

Please use additional paper if necessary.

How many Massage Licensed Therapists will be employed at the Establishment: _____

Complete the below for EACH Therapist.

Name _____ **Phone** _____

Address _____ **Email** _____

MA State Massage License #: _____

Name _____ **Phone** _____

Address _____ **Email** _____

MA State Massage License #: _____

Name _____ **Phone** _____

Address _____ **Email** _____

MA State Massage License #: _____

Please use additional paper if necessary.

TOWN OF WEYMOUTH
BOARD OF LICENSING COMMISSIONERS

CHARACTER REFERENCE FORM

Professional References: Please list the names and contact information for two persons who are familiar with your work history and qualifications and who may be contacted by the Town of Weymouth if further inquiries are required. At least one must be a Massachusetts resident.

Name _____ **Relationship** _____

Address _____ **Phone** _____

Name _____ **Relationship** _____

Address _____ **Phone** _____

Personal References: Please list the names and contact information for two persons who are familiar with you and may be contacted by the Town of Weymouth if further inquiries are required. At least one must be a Massachusetts resident.

Name _____ **Relationship** _____

Address _____ **Phone** _____

Name _____ **Relationship** _____

Address _____ **Phone** _____

BACKGROUND DISCLOSURE (Check all that apply)

Have you been convicted of a felony within the last five years?	☐ **Yes** ☐ **No**
Have you been charged with a felony within the last five years?	☐ **Yes** ☐ **No**
Have you been convicted of a misdemeanor within the last one year?	☐ **Yes** ☐ **No**
Have you been charged with a misdemeanor within the last one year?	☐ **Yes** ☐ **No**
Have you ever received disciplinary action from a licensing board or accrediting agency?	☐ **Yes** ☐ **No**
Have you ever had a license, permit or certification by any municipality or other jurisdiction modified, suspended or revoked for any reason?	☐ **Yes** ☐ **No**

If you answered YES to any of the above, explain further details:

_____

_____

_____

Please use additional paper if necessary.

TOWN OF WEYMOUTH
BOARD OF LICENSING COMMISSIONERS

Please check each box below, sign and have your signature notarized by a Notary Public.

☐ I have read and agree to abide by Weymouth Town Ordinance 6-1400

☐ It is a violation of The Town of Weymouth Ordinance 6-1400 for any person who is not licensed by the Licensing Board and/or permitted by the Health Department to operate a Massage Establishment or act as an Individual Massage Therapist.

☐ I hereby agree to inform and release to the Weymouth Board of Licensing Commissioners and its agents, all pertinent information related to situations that arise in connection with my application, both now and in the future. I understand that Weymouth Licensing Board reserves the right to verify any and all information as put forth by me in this application.

☐ As per M.G.L. Ch.62C, sec. 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 under law, reporting of employees and contractors, and withholding and remitting child support.

☐ 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.

Name and Title (print) _____

Signature: _____ **Date:** _____

NOTARY PUBLIC USE ONLY

Subscribed and sworn to me this _____ **day of** _____**, 2**_____

Notary Public in the State of: _____

Notary Signature: _____

My Commission Expires: _____

Affix Notary Seal Below:

TOWN OF WEYMOUTH
BOARD OF LICENSING COMMISSIONERS

Please attach the following items to your Massage Establishment License Board Application:

- ☐ Copy of current State Massage Establishment License
- ☐ Copy of current State Massage Therapist License
- ☐ Signed Workers' Compensation Affidavit
- ☐ Proof of Workers' Compensation Insurance for the Establishment (if applicable)
- ☐ Proof of Liability Insurance for the Establishment (in an amount not less than $2,000,000)
- ☐ CORI and SORI Record Request Forms
- ☐ Copy of Floor Plan, drawn to scale indicating the establishment layout, treatment rooms, bathroom and handwashing facilities, and parking. *Reference 269 CMR 6.07*

BOARD OF LICENSING COMMISSIONERS USE ONLY

Date Application Received: _____

Date Application Reviewed: _____

Application Reviewed By: _____

Scheduled Licensing Date: _____

Copy of Sale or lease agreement for property, or if applicable, copy of sale or lease agreement of business. Due no later than one week prior to scheduled licensing mtg. Date Received: _____

Copy of Certified Mailing Receipts for Abutters notification, date stamped by the US Post Office. Due no later than one week prior to scheduled licensing meeting. Date Received: _____

☐ **Application deemed complete, satisfactory and eligible for License Board Hearing**

☐ **Application denied – Reason:** _____

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75 Middle Street
Weymouth, MA 02189
(781) 340-5004

CORI & SORI REQUEST FORM FOR MASSAGE ESTABLISHMENT LICENSE

For the purpose of approving each shareholder, owner, licensee or applicant for a Bodywork Establishment and/or Practitioner Health Permit, I understand that a criminal record check and sex offender registry check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

_____ _____ _____
LAST NAME **FIRST NAME** **MIDDLE NAME**

_____ _____
MAIDEN NAME OR ALIAS (IF APPLICABLE) **PLACE OF BIRTH**

_____ _____/_____/_____ _____
DATE OF BIRTH **SOCIAL SEC. NUMBER (requested but not required)** **MOTHER'S MAIDEN NAME**

CURRENT AND FORMER ADDRESS(ES): _____

_____

SEX _____ **HEIGHT** _____ **ft.** _____ **inches** **WEIGHT** _____ **EYE COLOR** _____

STATE DRIVER'S LICENSE NUMBER_____

APPLICANT:

_____ _____
Print Name **Signature**

NOTARY:

On this _____day before me, the undersigned notary public, personally appeared (name of document signer), proved to me through satisfactory evidence of identification, which were _____to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

_____
Notary

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information **Please Print Legibly**

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/ or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. #_____ Expiration Date:_____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ **Permit/License #**_____

Issuing Authority (check one):

1.☐Board of Health 2.☐Building Department 3.☐City/Town Clerk 4.☐Licensing Board
5.☐Selectmen's Office 6.☐Other _____

Contact Person:_____ **Phone #:**_____