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

Notice of New Town Ordinance Requiring Bodywork Establishment Licensing

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

Under this ordinance, all bodywork 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 licensing applications for your use. Bodywork Practitioner Applications will be mailed under separate cover from the Public Health Department.

Please submit for review and potential approval 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 from the Town after this date will result in enforcement action, including fines and/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 Licensing Department at 781-340-5004.

We appreciate your cooperation in helping the Town implement these regulations, maintain compliance with local laws, and in protecting the health and safety of our community.

Sincerely,

Jason Harris
Director of Municipal Licenses & Inspections

TOWN OF WEYMOUTH
BOARD OF LICENSING COMMISSIONERS

APPLICATION FOR A BODYWORK ESTABLISHMENT LICENSE

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

Establishment Name _____

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 Bodywork Establishment Permit/License, Bodywork Practitioner Permit/License, or Massage 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 Bodywork Practitioners will be employed at the Establishment: _____

Complete the below for EACH Practitioner.

Name _____ **Phone** _____

Address _____ **Email** _____

Certified Bodywork Therapies: _____

Name _____ **Phone** _____

Address _____ **Email** _____

Certified Bodywork Therapies: _____

Name _____ **Phone** _____

Address _____ **Email** _____

Certified Bodywork Therapies: _____

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 Bodywork Establishment or act as an Individual Bodywork Practitioner.

☐ 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 <u>Bodywork Establishment</u> License Board Application:

- ☐ 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:** _____

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

CORI & SORI REQUEST FORM FOR BODYWORK 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 #:** _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an ***employee*** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An ***employer*** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750
Tel. (857) 321-7406 or 1-877-MASSAFE
Fax (617) 727-7749
www.mass.gov/dia

Form Revised 7/2019

Documentation of Professional Qualification and Competency

Documentation of Professional Qualification and Competency provided by a National Professional Organization, Association or Institute. An organization providing or approving a 500-hour course of study for Bodywork or a 200-hour course of study for reflexology, professional standards of practice, ethics, and grievance procedures.

National Professional Associations or Institutes meeting the above criteria include but shall not be limited to those listed in Appendix A.

National Organization, Association or Institute	**Membership Categories – Include a Minimum of 500 Hours of Schooling**
American Organization for Bodywork Therapies of Asia (AOBTA)	Certified practitioner or Certified Instructor
American Polarity Therapy Association	Registered polarity practitioner
Body-Mind Centering Association	Certified practitioner Somatic movement educator Allied member Certified teacher Advanced practitioner
Feldenkrais Guild	Certified practitioner
Rolf® Institute	Certified Rolfer ® Rolf® movement practitioner Advanced Rolfer®
Trager Institute	Senior practitioner
International Thai Therapists Association	Certified Thai therapist Certified master practitioner Certified Thai instructor Certified Thai instructor advanced Certified master instructor
National Organization, Association or Institute	**Membership Categories – Include a Minimum of 200 Hours of Schooling**
Massachusetts Association of Reflexologists (MAR)	Professional level membership

Proof of eligibility to work in the United States

To support satisfactory evidence that an applicant is 18 years of age or older and eligible to work in the United States, the applicant can present two forms of valid, government-issued photo identification and a proof of address. The following documents are commonly accepted:

Primary Documents (must include photo and date of birth):

- Valid U.S. Passport or U.S. Passport Card
- Valid State-issued Driver's License
- State-issued Identification Card (non-driver ID)
- U.S. Military ID Card
- Foreign Passport with valid U.S. visa and I-94 form
- Permanent Resident Card (Green Card)
- Employment Authorization Document (EAD) issued by USCIS
- Work Visa with photo ID (e.g., H-1B, L-1, O-1)

Proof of Work Eligibility in the U.S. (required by law):

- U.S. Passport or Passport Card (proves identity and work eligibility)
- Social Security Card (not marked "Not Valid for Employment")
  Note: Must be presented with a photo ID
- Birth Certificate issued by a U.S. state, territory, or possession
  (must be accompanied by photo ID)
- Employment Authorization Document (EAD)
- Permanent Resident Card (Green Card)
- Form I-94 with an eligible visa status

Proof of Current Address (must show name and current residential address):

- Utility bill (gas, electric, water)
- Lease or rental agreement
- Bank or credit card statement
- Official government correspondence (e.g., IRS, DMV, SSA)
- Valid Driver's License or State ID with current address
- Voter registration card

Notes:

- All documents must be originals or certified copies.
- All documents must be current and not expired.