CITY OF WALTHAM
MASSACHUSETTS
BOARD OF HEALTH

Michelle M. Feeley
Director of Public Health

Waltham Health Department
Bodywork Establishment Application Year _____

Fee: $300.00 for one year permit payable to the City of Waltham

Establishment Name:

_____

Address: _____

Phone: _____Email _____

Owner Name: _____

Address: _____

City/Town: _____ State: _____

Phone: _____ Email: _____

<u>Required</u>: Please list ALL permitted Therapist that will work at your establishment:

_____

_____

_____

_____

Have you (the applicant) ever had a revocation, restriction or denial of a permit or license to practice bodywork issued by another state or municipality? No ☐ Yes ☐

READ AND SIGN:

I have read and agree to abide by the Waltham Board of Health Regulations Governing the Practice of Bodywork. I authorize the City of Waltham, its agents, and employees, to seek information and to conduct an investigation into the truth of the statements set forth in this application.
Further, I understand that establishments and practitioners are subject to inspections by the Department or its authorized agent(s) during all times of operation. I understand that failure to abide by these Regulations may result in revocation of my permit to operate a Bodywork Establishment.
I declare under the penalties of perjury, that the forgoing information contained in this application is true and correct. I understand false statements shall constitute grounds for revocation, suspension, or denial of an issued or un-issued license.

Signature of Applicant **Date**

_____ _____

Social Security Number or Federal ID:

_____

Signature of Notary

_____

Please provide the following for Owner and Person in Charge: (If the Person in Charge is not the Owner of the Establishment).

Copies of two forms of identification (i.e. Driver's License, Passport, Birth Certificate)

A recent front-faced color photograph

Copies of CPR certificates

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