

TOWN OF WINCHENDON



Board of Health

Telephone (978) 297-3537
Facsimile (978) 297-1616

109 Front Street
Winchendon, Massachusetts 01475-1758

APPLICATION FOR LICENSE TO PRACTICE MASSAGE IN WINCHENDON

- License for Establishment** (Please answer questions 1-8, 12, 13, 16, 17)
- License for Individual Massage Therapist** (Please answer all questions)

1. Name of Applicant: _____

2. Home Address: _____

3. Name of Business: _____

4. Business Address: _____

5. Home Telephone Number: _____

6. Business Telephone Number: _____

8. What arrangements are made for assuring the cleanliness of towels, robes, sheets or other coverings used in the business?

10. Names and addresses of any establishments which you have had experience practicing massage and amount of time spent with each:

11. Please provide the names, addresses and telephone numbers of three individuals the Board of Health may call to provide references:

12. Are restroom facilities readily available to patrons? _____
13. Have you received and read the Town of Winchendon's RULES AND REGULATIONS GOVERNING THE PRACTICE OF MASSAGE AND THE CONDUCT OF ESTABLISHMENTS FOR THE GIVING OF MASSAGE?

14. Please attach a copy of your birth certificate and Massachusetts photo identification card or license as proof that you are at least 18 years old.
15. Please attach a copy of proof of graduation from a school of massage or muscular therapy approved by the American Massage Therapy Association or the Massachusetts Board of Education.
16. Please attach a check payable to the Town of Winchendon for the amount of \$50.00 per each license that you are applying for.
17. All licenses expire on December 31st of each year. It is the responsibility of the licensee to submit an Application for License Renewal by December 1st. Licenses are non-transferable.

I the undersigned agree that to the best of my knowledge the information provided with this application is true and accurate under penalties of perjury.

Signature of Applicant: _____ Date: _____