



TOWN OF HINGHAM
 Health Department
 210 Central Street, Hingham, MA 02043
 (781) 741-1466 Fax (781) 740-0239

Bodywork Establishment Application

| | | |
|---|---|--------------------------|
| Applicant Name: | | Date: |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| E-Mail Address: | | Social Security: |
| Telephone No: | | Emergency/Cell Phone No: |
| If Corporation, Partnership or Trustees, give Name, Title & Home Address of Officers, Partners, or Trustees below: | | |
| Name | Title | Home Address |
| | | |
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| | | |
| State of Incorporation: | *Any change in home or business addresses or telephone numbers must be reported immediately to the Hingham Health Department. | |
| Pursuant to MGL Chapter QC, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge, have filed all State tax returns and aid all State taxes required under law. | | |
| | x | |
| Federal ID# or Social Sec. No. | Signature of Corporate Office if applicable | Corporate Name |
| Signature of Applicant: | | |

This License will not be issued unless the certification clause is signed by applicant.

Your Social Security Number may be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation.

Bodywork Establishment Information

Establishment Name: _____

Establishment Address: _____

Establishment Telephone: _____

Email Address : _____

Questionnaire (check one)

| | | |
|---|-----|----|
| Have you been convicted of a felony within the last 10 years? | Yes | No |
| Have you been convicted of a misdemeanor or a felony within the last 5 years? | Yes | No |
| Have you ever had a license to practice massage denied, suspended, or revoked? | Yes | No |
| Have you ever lost a licensure or certification by any municipality or other Jurisdiction for any reason? | Yes | No |

Please explain the circumstances around the conviction if you answered "yes" to any of the above questions.

Individual Therapists

Please list all Licensed Bodyworks Therapist that work at your Establishment.

CPR Certificates

Please list all employees trained in CPR.

Authorization

READ AND SIGN:

I have read and agree to abide by the Hingham Board of Health Bodywork Bylaw.

It is a violation of the Hingham Board of Health Bodywork Bylaw for any person who is not licensed in this field to operate a Bodywork Establishment or as an Individual Bodywork Therapist.

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 unissued license.

By signing this, I authorize the Town of Hingham, its agents and employees, to seek information and conduct an investigation into the truth of the statements set forth in this application which shall include both a Criminal Offender Records Information (CORI) and a Sexual Offender Records Information (SORI) request with the Criminal System History Board.

Applicant Signature: _____ Date: _____

Printed Name: _____

Attachments Required

Please submit the following items:

- Copies of two (2) forms of identification (e.g. Driver's License, Passport, Birth Certificate).
- Copies of CPR Certificates.
- Certificate of Insurance for Workers Compensation and General Liability.