CITY OF SOMERVILLE
BOARD OF HEALTH
CITY HALL ANNEX
50 EVERGREEN AVENUE
SOMERVILLE, MA 02145
(617)625-6600 EXT. 4300

LICENSE APPLICATIONS FOR MASSAGE PRACTITIONER, MASSAGE ESTABLISHMENT, OFF-PREMISES MASSAGE BUSINESS

To obtain a license from the City of Somerville Board of Health you must have the following:

MASSAGE PRACTITIONER

1. You must provide proof of graduation and transcript from a Massage School which has a minimum of 500 hours of instruction and meets the standards of a state or national professional association.

2. You must provide proof of medical examination within 30 days of filing an application certifying that you are free of communicable disease transmitted by the practice of Massage, including Tuberculosis.

3. You must submit two (2) front faced portrait photographs (2"x2") taken within six (6) months with application.

4. You must provide written proof of age (birth certificate or driver's license).

5. You must complete a Board of Health application. Applications are accepted Monday through Friday 9:00 A.M to 3:00 P.M.

6. Board of Health license filing fee for a Massage Practitioner is $50.00, and is non-refundable.

MASSAGE ESTABLISHMENTS AND OFF-PREMISES MASSAGE BUSINESSES

1. You must provide proof of authority to do business in Massachusetts and articles of corporation or partnership, including Federal Identification Number.

2. You must provide the name of applicant and each partner or limited partner of an applicant, if a partnership applicant, and each officer and director, if a corporate applicant, and any stockholder of a corporate applicant holding more than ten percent of the stock of the corporate applicant, and submit supplemental information pages for each individual, including written proof of age (birth certificate or driver's license) and two (2) front faced portrait photographs (2"x2") taken within six (6) months with the application.

3. You must complete a Board of Health application. Applications are accepted Monday through Friday. 9:00 A.M. to 3:00 P.M.

4. Board of Health license filing fee for Massage Establishments and Off-Premises Massage Businesses is $100.00 if only one full or part time Massage Practitioner, and $200.00 if two or more full or part time Massage Practitioners, and is non-refundable.

Payments can be made by business check or money order made out to City of Somerville Board of Health.

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MASSAGE PRACTITIONER LICENSE APPLICATION

License filing fee of $100 submitted: Yes_____ No_____

Applicant's Full Name:_____ Date_____

Home Address:_____

Street:_____

Town/City_____State_____Zip Code_____

Home Phone Number:_____Business Phone Number:_____

Business Name:_____

Business Address:_____

Street Town/City State Zip Code

Emergency Response Person:_____ Telephone:_____

All residential addresses of applicant for the past five (5) years:

_____

_____

_____

_____

DOB:_____ Sex:_____Height:_____Weight:_____Hair color:_____ Eye Color:_____

Proof of age (copy of birth certificate or driver's license) submitted: Yes_____No_____

Two (2) front faced portrait photographs (2"x 2") within six (6) months submitted: Yes_____ No_____

Social Security Number:_____

Proof of medical examination within thirty (30) days submitted: Yes_____No_____

Type of Massage to be practiced:_____

What education, training and experience have you had to qualify you to practice Massage?

_____

_____

_____

Diploma and transcript received: Yes_____ No_____

Former occupations or Massage occupations of applicant for past three (3) years:

Occupation | Name of Business and Address

_____

_____

_____

At what place or places do you wish to be licensed to practice Massage?

Business Name | Address

_____

_____

_____

_____

Have you had a license or permit to practice Massage suspended or revoked by any agency or board, city, county or state? Yes_____ No_____

If yes, explain:

_____

_____

_____

_____

List all criminal convictions, forfeiture of bond, or plea of nolo contendere, excluding traffic, misdemeanor or infraction violations:

_____

_____

_____

_____

I authorize and release the Board of Health to seek information or references necessary to verify the information contained in this application:

_____ _____

Signature of Applicant Date

I certify under penalty of perjury that all information contained in this application is true and correct. Any misstatements in this application are grounds for refusing to issue or for revocation of any license issued.

_____ _____

Signature of Applicant Date

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APPLICATION FOR MASSAGE ESTABLISHMENT OR OFF-PREMISES MASSAGE BUSINESS LICENSE

License filing fee submitted: Yes_____ No_____

$100 if one Massage Practitioner_____ $200 if two or more Massage Practitioners_____

Business Name:_____

Applicant's Full Name:_____ Date:_____

Home Address:_____

No. Street

_____

Town/City State Zip Code

Home Phone Number:_____ Business Phone Number:_____

Business Address:_____

No. Street

_____

Town/City State Zip Code

Emergency Response Person:_____ Telephone:_____

All residential addresses of applicant for the past five (5) years:

_____

_____

_____

_____

_____

D.O.B.:_____ Sex:_____ Height:_____ Weight:_____ Hair color:_____ Eye Color:_____

Proof of age (copy of birth certificate or driver's license) submitted: Yes_____ No_____

Two (2) front faced portrait photographs (2"x 2") within six (6) months submitted: Yes_____ No_____

Social Security Number_____

State of Incorporation:_____

Proof of authority to do business in Mass. (tax #) submitted: Yes_____ No _____

Federal Identification Number_____

Articles of corporation or partnership submitted: Yes _____ No _____

If a corporation or partnership, please give name, title, and home address of officers, partnerships, stockholders with 10% or more of the stock. Supplemental Information pages must be submitted for eac individual.

Name	Title	Home Address	Home Telephone

Type of Massage to be practiced:_____

Number of full or part time Massage Practitioners:_____

Former occupations or Massage occupations of applicant for past three (3) years:

Occupation	Name of Business and Address

Have you had a license or permit to practice Massage or conduct a Massage Establishment or Off-Premises Massage Business suspended or revoked by any agency or board, city, county, or state?

Yes_____ No_____

If yes, explain:

_____

_____

_____

_____

List all criminal convictions, forfeiture of bond, or plea of nolo contendere, excluding traffic, misdemeanor or infraction violations:

_____

_____

_____

_____

I authorize and release the Board of Health to seek information or references necessary to verify the information contained in this application:

_____ _____

Signature of Applicant Date

I certify under penalty of perjury that all information contained in this application is true and correct. Any misstatements in this application are grounds for refusing to issue or for revocation of any license issued.

_____ _____

Signature of Applicant Date

SUPPLEMENTAL INFORMATION

Massage Establishment and Off-Premises Massage Business applicants must attach Supplemental Information pages for each partner or limited partner of applicant, if a partnership applicant, and each officer and director, if a corporate applicant, and any stockholder of a corporate applicant holding more than 10% of the stock of the corporate applicant with the following information:

Business Name:_____

Additional Individual's Full Name:_____

Home Address:_____

No. Street

_____

Town/City State Zip Code

Home Phone Number:_____ Business Phone Number:_____

Business Name:_____

Business Address:_____

No. Street

_____

Town/City State Zip Code

All residential addresses of individual for the past five (5) years:

_____

_____

_____

_____

_____

D.O.B.:_____ Sex:_____ Height:_____ Weight:_____ Hair color:_____ Eye Color:_____

Proof of age (copy of birth certificate or driver's license) submitted: Yes_____ No_____

Two (2) front faced portrait photographs (2"x 2") within six (6) months submitted: Yes_____ No_____

Social Security Number_____

Former occupations or Massage occupations of individual for past three (3) years:

Occupation Name of Business and Address

_____

_____

_____

Have you had a license or permit to practice Massage or conduct a Massage Establishment or Off-Premises Massage Business suspended or revoked by any agency or board, city, county or state?

Yes_____ No_____

If yes, explain:

_____

_____

_____

_____

List all criminal convictions, forfeiture of bond, or plea of nolo contendere, excluding traffic, misdemeanor or infraction violations:

_____

_____

_____

_____

I authorize and release the Board of Health to seek information or references necessary to verify the information contained in this application:

_____ _____

Signature of Applicant Date

I certify under penalty of perjury that all information contained in this application is true and correct. Any misstatements in this application are grounds for refusing to issue or for revocation of any license issued.

_____ _____

Signature of Applicant Date

CITY OF SOMERVILLE, MASSACHUSETTS
HEALTH DEPARTMENT

DOROTHY A. KELLY GAY
MAYOR

ALICE L. MCDONNELL
ADMINISTRATIVE ASSISTANT

BOARD OF HEALTH
DAVID OSLER, MD
CHAIRMAN

ARNOLD DUCLERSAINT
DONALD NORTON

Follow Steps Below to Obtain License for Massage Practitioner, Massage Establishment or Off-Premises Massage Business

NAME:_____ TELEPHONE: _____

ADDRESS:_____

1. ( ) Inspectional Services:	Certificate of Occupancy
2. ( ) City Clerk Department:	Business Certificate
3. ( ) Fire Prevention Bureau:	Approval - Fire Codes
4. ( ) Health Department:	1. Obtain Copy of Regulations 2. Provide Copy of Floor Plan 3. Return Complete Application

Inspectional Services:	_____	_____
	Date Approved	Signature
City Clerk:	_____	_____
	Date Approved	Signature
Fire Prevention Bureau:	_____	_____
	Date Approved	Signature
Health Department:	_____	_____
	Date Approved	Signature

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(617) 625-6600 EXT. 4300 • TTY: (617) 666-0001 • FAX: (617) 629-3040
www.ci.somerville.ma.us

Directions to Locations 1 through 4
(From Other Side)

1. INSPECTIONAL SERVICES:
   Public Works Building
   Cedar St. & Broadway
   Franey Road @ Trum Field
   625-6600 ext. 5600

   Hours: Monday to Friday
   8:30AM to 10:00AM
   1:00PM to 2:00PM

2. CITY CLERK DEPARTMENT:
   City Hall
   93 Highland Avenue
   Highland Ave. & School St.
   625-6600 ext. 4100

   Hours: Monday to Friday
   8:30AM to 4:30PM

3. FIRE PREVENTION BUREAU:
   255 Somerville Ave.
   at Union Square
   623-1700

   Hours: Monday to Friday
   8:30AM to 10:00AM
   3:00PM to 5:00PM

4. HEALTH DEPARTMENT:
   50 Evergreen Ave.
   City Hall Annex
   Evergreen Ave. & Dartmouth St.
   625-6600 ext. 4307 & 4311

   Hours: Monday to Friday
   8:30AM to 4:30PM