



**CAMBRIDGE PUBLIC HEALTH DEPARTMENT
2018 APPLICATION FOR LICENSE OF ESTABLISHMENT
FOR THE PRACTICE OF BODYWORK**

Type of Establishment (Please check one)	<u>Fee</u>
I. _____ Professional Office providing the services of 2 or more practitioners	\$50
II. _____ Professional Office providing the services of 1 practitioner	\$25
III. _____ Home Office providing the services of 1 practitioner	\$25
IV. _____ Training Facility or School	\$50

ESTABLISHMENT INFORMATION

Establishment Name: _____

Address: _____ (zip code)

Phone: () _____ Website: http://www. _____

Email: _____

List all Bodywork Therapy practitioners who will practice at this establishment:

OWNER INFORMATION

Names of Owner /Operator: _____

Type of Ownership _____ (individual, corporation, partnership, firm, association etc)

NOTE: Attach name, title, social security number, home address and phone number of all corporate officers, partners, stockholders with 10% or more of the stock, or individual owners/operators.

Social Security Number (individual) or EIN (business): _____

Home Address: _____ (street) (city) (state/zip)

Home Phone: () _____

Email Address: _____

Please answer the following questions:

1. Has any owner or operator ever held a Bodywork PRACTITIONER license or permit?

() NO () YES

If YES, please provide the following information for each owner and operator who has previously held or currently holds a bodywork practitioner license:

Name of Practitioner: _____ City/State of License or

Permit: _____

Practitioner License # : _____ Current Status: () Active () Inactive



CAMBRIDGE PUBLIC HEALTH DEPARTMENT



Cambridge Health Alliance

2. Has any owner or operator ever held a Bodywork ESTABLISHMENT license or permit?
() NO () YES

If YES, please provide the following information for each previously or currently operating bodywork establishment:

Establishment Name: _____

Establishment Address/City/State: _____

Establishment License # : _____ Current Status: () active () inactive

3. Has any owner or operator been fined, cited, or otherwise disciplined for any non-criminal violation of the rules, by-laws or standards of practice of any governmental authority, health care facility, or professional organization?
() NO () YES

4. Has any owner or operator been denied a license or permit to operate a massage or bodywork therapy establishment?
() NO () YES

5. Does this establishment provide Massage Therapy services? () NO () YES

If YES, list the names of all massage therapy practitioners. Note: All Massage Therapy practitioners and establishments must be licensed by the State of Massachusetts.

Authorization:

I AGREE TO OPERATE ONLY UNDER THE NAME OR THE DESIGNATION SPECIFIED ABOVE AND I AGREE TO NOTIFY THE CAMBRIDGE PUBLIC HEALTH DEPARTMENT AT LEAST 14 DAYS PRIOR TO ANY CHANGE OF NAME, ADDRESS, OR OWNERSHIP. I HAVE RECEIVED, READ AND AGREE TO ABIDE BY THE RULES AND REGULATIONS GOVERNING THE PRACTICE OF BODYWORK IN THE CITY OF CAMBRIDGE.

I CERTIFY UNDER THE PENALTIES OF PERJURY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT ANY MISSTATEMENTS IN THIS APPLICATION ARE GROUNDS FOR REFUSING TO ISSUE OR FOR SUSPENSION, MODIFICATION, OR REVOCATION OF ANY LICENSE ISSUED.

I AUTHORIZE THE CITY OF CAMBRIDGE, ITS AGENTS AND EMPLOYEES TO SEEK INFORMATION AND TO CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE STATEMENTS SET FORTH IN THIS APPLICATION.

Signature(s) of Owner(s)/Operator(s) or Corporate Officer(s)

Date

Questions? Please contact Kari Sasportas, Manager, Community Resilience & Preparedness, at (617) 665-3848 / ksasportas@challiance.org.

