

CITY OF WALTHAM MASSACHUSETTS BOARD OF HEALTH

John P. Zuppe

Waltham Health Department Bodywork Establishment Application

Director of Public Health

Please print legibly.				Fee: \$150.00
Establishment Name:				
Address:				
Phone:	_			
Owner Name:				
Address:				
City/Town:	Stat	e:		
Phone:	Ema	il:		
Please list <u>ALL</u> permitted therapists that will p				
Please answer the following questions:				
Who will be the person in charge?				
s the establishment known by any other names?	No	Yes	If yes:	
Have you (the applicant) ever had a revocation, re ssued by another state or municipality?	striction o	or denial Yes	of a permit or li	icense to practice body

Read and Sign:

I have read and agree to abide by the Waltham Board of Health Regulations Governing the Practice of Bodywork (effective September 1, 2016). 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 therapists 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).

A check or money order payable to the City of Waltham

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

A recent front-faced color photograph

Copies of CPR certificates