

### BILLERICA BOARD OF HEALTH TOWN HALL 365 BOSTON ROAD BILLERICA, MA 01821 TELEPHONE (978) 671-0931 FAX 978-671-0919

Web Site www.town.billerica.ma.us

# BILLERICA BOARD OF HEALTH APPLICATION FOR BODYWORK THERAPY ESTABLISHMENT Pursuant to Billerica Board of Health Regulations Chapter 3, Section 3.6.005

#### PLEASE PRINT

| NEW RENEWAL               |       | FEE         | _ |
|---------------------------|-------|-------------|---|
|                           |       | <b>DATE</b> |   |
| NAME OF BUSINESS          |       |             | _ |
| STREET ADDRESS            |       |             | _ |
| BUSINESS WEBSITE          |       |             | _ |
| DAYS & HOURS OF OPERATION |       |             |   |
| NAME OF APPLICANT:        |       |             |   |
| ADDRESS OF APPLICANT:     |       |             |   |
| CITY/TOWN                 | STATE | ZIP         |   |
| EMAIL ADDRESS             |       |             |   |
| HOME PHONE                |       | NE          |   |

#### **Establishment Licensure Information and Requirements**

- A. In addition to ensuring that all bodywork therapists employed in the establishment have obtained a license to practice bodywork in the Town of Billerica, a proprietor wishing to operate bodywork establishment must comply with the additional licensure requirements below.
- B. Unless all bodywork therapists within the facility have individual licenses from the Town of Billerica Board of Health ("Board"), it is a violation of the Board of Health Regulations for any person operating a bodywork establishment to present his/her establishment as a licensed by bodywork establishment or to hold his/her establishment out to the public as being licensed by using a title on signs, mailboxes, address plates, stationery, announcements, telephone listings, calling cards, or other instruments of professional identification or advisements of any sort.
- C. To operate a bodywork establishment in the Town of Billerica, a person must complete the following application process:
  - The applicant shall answer every question truthfully, accurately and completely, and supply all supporting information requested in the application form. The applicant shall submit the application along with all required documentation and fees to the Board. All required documents must be received by the Board within sixty (60) days for an application to be deemed active. False statements shall constitute grounds for revocation or denial of an issued license.
  - Applications shall be accepted throughout the year. The Board shall act on license applications within thirty (30) days of receipt of all required documents required by the Regulations.
  - The applicant shall include in the application copies of the licenses of all duly licensed body workers performing bodywork at the establishment. An establishment shall have at least one (1) duly licensed body worker employed at all times in order to maintain licensure.
  - The owner of the establishment is responsible to ascertain that all persons performing bodywork in his/her establishment are duly licensed by the Board. Violation of this requirement may result in suspension or revocation of the establishment license.
  - There shall be a person designated by the owner to be in charge of the establishment present at all times during business hours. The person in charge shall be a manager or a therapist. This person shall be authorized to sign Board inspection forms and shall be responsible for the operation of the establishment in the absence of the owner.
  - Therapists shall maintain a sufficient level of personal cleanliness and wear clothing that is clean, as determined by the Board. No person in an establishment shall be unclothed. No person working in an establishment shall wear attire that exposes any portion of the areola of the female breast or any portion of the pubic hair, cleft of the buttocks or genitals.

- The applicant for an establishment license shall submit a nonrefundable application fee in accordance with the most recent Board of Health Fee Schedule by check or money order made payable to the Town of Billerica.
- The application shall be sworn to and signed by the applicant and notarized by a Notary Public of the Commonwealth of Massachusetts.
- All documents submitted for licensure purposes become the property of the Board and will not be returned.

#### **Establishment Standards**

- All establishments must contain a waiting area for clients within the establishment.
- The establishment shall maintain a properly installed smoke detector and fire extinguisher.
- Bodywork may be conducted only in rooms which are adequately lighted and ventilated, and so constructed that they can be kept clean. Floors, walls, ceilings and windows must be kept free of dust, soil and other unclean substances.
- A plan describing sanitation measures must be provided to the Board for any bodywork which entails disrobing and/or draping, use of oils or lotions, and/or use of a massage-type of table.

| THE BOARD OF HEALTH  | ING OFERAT                | ION REQUIRES FRIO                       | R REVIEW AND AFFROVAL DI   |
|--|---------------------------|---|--|
| For Renewal Application, descri                                    | be any changes            | in original floor plan appı             | roved:   |
| Pursuant to Billerica Health Reg review and approval period.       | ulations, Chapte          | er 1, Section 1.9.001 this a            | application is subject to a thirty (30) day  |
|  | LTH FEE SCH<br>TAKE APPRO | EDULE. LATE FEES A<br>OPRIATE ACTION TO | ARE EQUAL TO THE ORIGINAL RENEW PERMITS MAY RESULT IN                              |
|  | provided in this a        |   | nderstand the content of this Application, in support hereof is true, accurate and |
| Pursuant to Massachusetts Gener<br>my best knowledge and belief, h |                           |   | ify under the penalties of perjury that I, to state taxes required under law.      |
| Print Name of Owner  |                           | _                                       | RECEIVED   |
| Signature of Owner   | Date                      | _                                       |  |
| Social Security # / Federal Identifie                              | cation #                  | _                                       |  |

## Commonwealth of Massachusetts

| Middlesex, ss  | , 20_  |                 |
|--|--|-----------------|
|  | ced date, before the undersigned notary public, perso, proved to me through satisfactory e | vidence of      |
| identification, to be the person show<br>me that he/she signed it voluntarily to | ne is signed on the attached license application, and a s intended purpose.                | icknowledged to |
|  |  |                 |
|  |  |                 |
| Notary Public  |  |                 |
|  |  |                 |
| My Commission Expires:   |  |                 |