



Billerica Board of Health

Town Hall
365 Boston Road
Billerica, MA 01821
Phone: 978-671-0931
Fax 978-671-0919

Web Site www.town.billerica.ma.us

APPLICATION FOR HEALTH CLUB ESTABLISHMENT **Pursuant to Billerica Board of Health Regulations Chapter 3, Section 3.13.001**

PLEASE PRINT

FEE \$100.00

___NEW___RENEWAL

DATE _____

NAME OF ESTABLISHMENT _____
ADDRESS OF ESTABLISHMENT _____
MAILING ADDRESS (IF DIFFERENT) _____
ESTABLISHMENT TELEPHONE _____
E-MAIL ADDRESS _____
NAME OF OWNER _____
ADDRESS OF OWNER _____
TELEPHONE # _____
EMERGENCY RESPONSE PERSON _____ TELEPHONE# _____

Days & Hours of Operation _____

PLEASE CHECK WHICH OF THE FOLLOWING AMENITIES ARE PROVIDED AT THE FACILITY. IF YOU HAVE OTHER AMENITIES PLEASE CHECK OTHER AND LIST THEM IN THE SPACE PROVIDED.

SUNTANNING BOOTHS/BEDS _____	POOL _____
SAUNA _____	JACUZZI _____
VENDING MACHINE _____	SNACK BAR _____
JUICE BAR _____	MASSAGE _____
OTHER _____	

Pursuant to Billerica Health Regulations, Chapter 1, Section 1.9.001 this application is subject to a thirty (30) day review and approval period.

LATE RENEWALS WILL BE ASSESSED A LATE FEE IN ACCORDANCE WITH THE MOST CURRENT BOARD OF HEALTH FEE SCHEDULE. LATE FEES ARE EQUAL TO THE ORIGINAL PERMIT FEE. FAILURE TO TAKE APPROPRIATE ACTION TO RENEW PERMITS MAY RESULT IN ADDITIONAL FEES OR FINES TO BE IMPOSED OR OTHER ADMINISTRATIVE ACTION.

Pursuant to Massachusetts General Law Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Print Name of Owner

Signature of Owner Date

Social Security # / Federal Identification #

RECEIVED