



**CITY OF FRAMINGHAM**  
**Department of Public Health**  
 150 Concord Street  
 Framingham, MA 01702



**Public Health**  
 Prevent. Promote. Protect.

Physical Office Location: 31 Flagg Drive, Door 14, Framingham, MA 01702

**Board of Health**

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**Director of Public Health**

Samuel S. Wong, Ph.D.

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[health@framinghamma.gov](mailto:health@framinghamma.gov)

## Bodywork Establishment Permit Application

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone:(        ) \_\_\_\_\_ - \_\_\_\_\_                      Fax:(        ) \_\_\_\_\_ - \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Phone:(        ) \_\_\_\_\_ - \_\_\_\_\_                      Email: \_\_\_\_\_

Please list ALL permitted therapists that will practice at your establishment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please answer the following questions:

Who will be the person in charge? \_\_\_\_\_

Is the establishment known by any other names?    No    Yes    If Yes: \_\_\_\_\_

Does the establishment have a hand-washing sink available?    No    Yes

Does the establishment contain a waiting area for clients?    No    Yes

Have you (the applicant) ever had a revocation, restriction or denial of a permit or license to practice bodywork issued by any state or municipality?                      No                      Yes

**Authorization**

**Read and Sign:**

I have read and agree to abide by the Framingham Board of Health Regulations Governing the Practice of Bodywork (effective October 1, 2015).

By signing this, I declare under the penalty of perjury, that the forgoing information contained in this application is true and correct. False statements shall constitute grounds for revocation, suspension, or denial of an issued or un-issued license.

By signing this, I authorize the Town of Framingham, its agents, and employees, to seek information and to conduct an investigation into the truth of the statements set forth in this application which shall included both a Criminal Offender Records Information and a Sexual Offender Records Information request with the Criminal System History Board.

By signing this, 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.

Questions? Please contact the Framingham Board of Health at 508-532-5470

**Signature of Applicant**

**Date**

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**Printed Name of Applicant**

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**Social Security Number or Federal ID:**

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**Attachments**

- A check or money order payable to City of Framingham
- Copies of two forms of identification (e.g.Driver's License, Passport, Birth Certificate)
- A recent front-faced color photograph
- Copies of CPR certificates
- Insurance Coverage Pages for Workers Compensation and General Liability