



CITY OF FRAMINGHAM
Public Health Department



Public Health
Prevent. Promote. Protect.

(508) 532-5470
health@framinghamma.gov
www.framinghamma.gov

MEMORIAL BUILDING
150 Concord Street, Room 205
Framingham, MA 01702

Bodywork Establishment Permit Application

To obtain a Bodywork Establishment Permit, there must be a least one duly permitted bodywork employed and present at the establishment at all times of operation. Complete the application below truthfully and completely. Please print legibly. Incomplete application and missing documents may delay the permitting process.

Bodywork is the practice of a person representing themselves as a bodyworker or bodywork therapist, or the practice of a person using primarily touch to manipulate tissue, which does not constitute massage as defined in M.G.L., c. 135, in the course of a treatment or therapy provided to another person.

Date: _____

Establishment Information

Type of Application: [] New - Complete ALL sections of the application [] Renewal

Establishment Name: _____

Address: _____ Framingham, MA 0170 _____

Phone Number: _____

Hours of Operation

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Owner Information

Name of Owner: _____

Mailing Address: _____

Phone Number: _____ Cell Phone: _____

Email: _____

- If ownership is a partnership or corporation, attach a list of officer names, address and phone numbers

Applicant Information

Name of Applicant: _____ Title: _____

Mailing Address: _____

Phone Number: _____ Cell Phone: _____

Email: _____

Person in Charge

Name: _____ Title: _____

Cell Phone: _____ Email: _____

24-Hour Emergency Contact Information

Name of 24-Hour Contact: _____ 24-Hour Phone Number: _____

Cardiopulmonary Resuscitation (CPR Information)

Name(s) of those who are currently certified in CPR: _____

- Submit a copy of their valid certificate

Note: One individual trained in CPR shall be on-site at all times during operating hours.

Renewal of an Existing Bodywork Establishment Only

By checking this box, I certify the existing Bodywork Establishment facility and operations have not changed since the last approved application / renewal and inspection. **If there are no changes, Section A below does not need to be completed. Go to Section B.**

Section A: New Bodywork Establishment

Is a waiting area for clients available within the establishment? Yes No

Is a hand wash sink available? Yes No

- If yes, where is it located? _____
- Does the hand sink have hot water between 110° - 130°F? Yes No
- Is the hand sink supplied with soap and paper towels? Yes No

Is a shower available? Yes No

Is the room to be used for bodywork heated and well ventilated? Yes No

Note: Bodywork establishments shall not have shades, covers, blackout curtains, etc. in the waiting room or reception area.

Will latex-containing products be used? Yes No

- If yes, a sign shall be conspicuously posted to alert client's latex-containing products are in use.

Describe your sanitation measures for any bodywork that entails disrobing and / or draping, use of oils or lotions, and / or use of a massage-type of table: _____

Section B: Bodywork Therapist Information

List the following information for all Bodywork Therapist(s) working at your establishment.
To obtain a Bodywork Establishment Permit, there must be a least one duly permitted bodywork employed and present in the establishment at all times.
 (attach additional sheets if necessary)

Name	Address	Phone Number	Email	Currently permitted in Framingham?		
				Yes	No	In the Process
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Submit a copy of Bodywork Therapist's Permit.
- **If a Bodywork Therapist's Permit has NOT been obtained or is in the process of obtaining a Permit, the individual CANNOT perform Bodywork until a permit has been obtained. Each Therapist is required to obtain a valid Permit issued by the Framingham Department of Public Health.**

Statement: I, _____ received, read and understand the Framingham Board of Health Regulations Governing the Practice of Bodywork. I agree to adhere to all regulations regarding bodywork. I understand that any deviation from the submitted and approved plan without prior approval from the Framingham Public Health Department may cause a delay in the permit process. Pursuit to M.G.L Chapter 62C, Section 49A, I hereby certify under the pains and penalties of perjury that, to my best knowledge and belief, the information provided above is true and correct and that I have filed all state tax returns and paid all state taxes required under law. I understand that false statements shall constitute grounds for denial.

Signature: _____ Print: _____

Title: _____

Have this application Notarized by Notary Public of the Commonwealth of MA in the area below.

To obtain a Bodywork Establishment Permit, submit the following:

- Completed application. Incomplete applications and missing documents may delay the permitting process.
- Fee: \$400.00 made payable to the "City of Framingham". Credit cards are not accepted at this time. **All fees are non-refundable.**
- Copies of permits to practice bodywork for all therapists performing bodywork at the establishment.
- Copies of valid CPR certificates.
- Completed "Workers' Compensation Insurance Affidavit" form (page 5) including the first page of the policy.

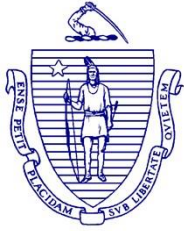
For Official Use Only

- Approved as submitted**
- Approved as submitted with the following conditions:** _____
- Disapproved as submitted – Reason(s): **** _____

**** Applicant can resubmit an updated application or provide additional information to address the reason(s) why the application was disapproved.**

Date Reviewed: _____ Reviewed By: _____ Title: Public Health Inspector

Date Permit was Issued: _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.	
City or Town: _____	Permit/License # _____
Issuing Authority (circle one):	
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office	
6. Other _____	
Contact Person: _____	Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**"

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia