

FAIRHAVEN BOARD OF HEALTH

**APPLICATION FOR MASSAGE BUSINESS LICENSE
PERMIT IS VALID FROM JANUARY 1ST TO DECEMBER 31ST
APPLICATION FEE: \$25.00 ANNUAL PERMIT FEE \$100.00**

NAME OF ESTABLISHMENT _____

ADDRESS _____ TEL # _____

TYPE OF OWNERSHIP: INDIVIDUAL PARTNERSHIP CORPORATION

COMPLETE LIST OF NAMES, RESIDENTIAL ADDRESSES, TELEPHONE NUMBERS &
MASSAGE THERAPIST LICENSES HELD FOR ALL MASSAGE THERAPISTS AND EMPLOYEES:

SIGNATURE OF APPLICANT _____ DATE _____

ALSO REQUIRED: COPY OF MASSAGE THERAPISTS' LICENSES, REPORT OF SITE INSPECTION BY THE HEALTH AGENT