

**APPLICATION TO OPERATE A MASSAGE ESTABLISHMENT
HAVERHILL BOARD OF HEALTH**

Type of application: NEW Massage Establishment (\$100.00)
 RENEWAL Massage Establishment (\$100.00)

Name of Business:
Name of Owner:
Mailing Address:
City, State, Zip:
Tel.#
Name of Applicant:

Number of rooms to be used for the treatment of patrons? _____

On what floors are treatment rooms located? _____

Are the rooms above described used or to be used for any other purpose than for giving of massage treatment? _____ If so, what? _____

What facilities are provided for securing hot and cold water? _____

What toilet facilities are available for the accommodation of patrons of each sex?

I certify that the declarations and answers made by me to the above questions and to the questions, which apply to the business or businesses for which I wish to be licensed are true; that I have read the Regulations of the Health Department governing the practice of massage, and that the name which I have signed below is my true name.

Signature: _____ Date: _____

Office Use Only:

OC Permit: _____ Date Received: _____ Hearing Date: _____ Decision: _____