

Fee: \$200.00
Due Date May 1,
Late payment fee due after
May 15, is \$50.00 or
25% whichever is greater

ESTABLISHMENT

Office of the
BOARD OF HEALTH
13 East Central Street
Natick, MA 01760
(508) 647-6460

APPLICATION FOR LICENSE

_____20_____

To the Licensing Authorities:
The undersigned hereby applies for a License in accordance with the provision of the Statute relating thereto

(Full name of person, firm or corporation making application)

PURPOSE: FOR WHICH LICENSE IS REQUESTED:

**MAINTAIN AN ESTABLISHMENT FOR THE PRACTICE OF MASSAGE THERAPY
ACCORDING TO THE MASSACHUSETTS GENERAL LAWS
CHAPTER 140 AND THE RULES AND REGULATIONS OF
THE TOWN OF NATICK**

GIVE LOCATION BY STREET AND NUMBER IN THE TOWN OF NATICK

ESTABLISHMENT TELEPHONE # _____

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.

Signature of Individual or Corporate Name
(Mandatory)

Corporate Officer
(Mandatory if applicable)

S.S.# (Voluntary) or Federal I.D. #

**THIS LICENSE WILL NOT BE ISSUED UNLESS THIS CERTIFICATION CLAUSE IS SIGNED
BY THE APPLICANT**

Your S. S. # will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to License suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

Signature of Applicant

Address

Telephone #