

Non-refundable application fee Annual Fee: \$75.00 Due Date: <i>A late fee of \$50.00 is due after the current expiration date</i>	Town of Natick BOARD OF HEALTH 13 East Central St. Natick MA 01760	Telephone: 508-647-6460 Fax: 508-647-6466 health@natickma.org www.natickma.gov
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NEW RENEWAL APPLICATION FOR **BODYWORK INDIVIDUAL THERAPIST LICENSE**
 _____20_____

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

 Print Full Name of Person

PURPOSE FOR WHICH LICENSE IS REQUESTED:

**TO ENGAGE IN THE PRACTICE OF BODYWORK ACCORDING TO THE
 THE RULES AND REGULATIONS OF THE TOWN OF NATICK**

GIVE NAME OF ESTABLISHMENT and LOCATION BY STREET AND NUMBER IN THE TOWN OF NATICK:

TELEPHONE # OF ESTABLISHMENT _____

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 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

 Home Address

 Mailing Address if different than above

 Email address

 Cell Phone

 Home Telephone

INDIVIDUAL BODYWORK THERAPIST

Applicant Name: _____

Date: _____

List Name and Location of Establishment(s) at which you are currently employed: _____

Have you ever had a revocation, restriction or denial of a permit or license to practice bodywork issued by any state or municipality or any jurisdiction for any reason?

NO YES if yes attach disclosure

	Date Received
Check for application fee payable to Town of Natick	
*Certified copy of birth certificate or equivalent <i>*do not need at renewal unless otherwise requested</i>	
*High School Diploma or verifiable equivalent <i>*do not need at renewal unless otherwise requested</i>	
Signed passport type photograph taken within the preceding 12 months	
*Evidence of appropriate certifications <i>*do not need at renewal unless otherwise requested</i>	
Copy of valid current CPR certification form	
Liability Insurance Policy	
*CORI complete <i>*do not need at renewal unless otherwise requested</i>	
*SORI complete <i>*do not need at renewal unless otherwise requested</i>	
Application completed and notarized	

Authorization

READ and SIGN:

I have read and agree to abide by the Natick Board of Health Regulations Governing the Practice of Bodywork.

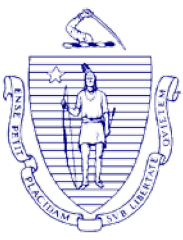
By signing this, I declare under the penalty of perjury, that the forgoing information contained in this application is true and correct. False statements shall constitute grounds for revocation, suspension, or denial of an issued or un-issued license.

By signing this, I authorize the Town of Natick, its agents, and employees, to seek information and to conduct an investigation into the trust of the statements set forth in this application which shall include 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.

Applicant Signature

Please make checks payable to the **Town of Natick** and return the completed and signed application together with all other required documentation to: The Board of Health, 13 East Central St., Natick MA 01760



**The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 www.mass.gov/dia**

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am a employer with _____ employees (full and/ or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. 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]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*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 § 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 (check 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 Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia