



Public Health
Prevent. Promote. Protect.

PLAINVILLE-SOUTHINGTON REGIONAL HEALTH DISTRICT

Main Office
196 NORTH MAIN STREET
SOUTHINGTON, CT 06489
860-276-6275 • FAX 860-276-6277

Satellite Office
ONE CENTRAL SQUARE
PLAINVILLE, CT 06062
860-793-0221 x219 • FAX 860-747-1123

SHANE LOCKWOOD, M.P.H., R.S.
DIRECTOR OF HEALTH



Public Health
Prevent. Promote. Protect.

LICENSE APPLICATION

Annual License Fee: \$100.00

MASSAGE (Therapy, Therapist or Technician)

Date: _____ Type of Business: _____
(Massage only, Fitness, Spa, Physical Therapy)

Business Name: _____ Phone #: _____

Business Address: _____

Business Owner's Name(s), Address, Phone & Email: _____

Property Owner's Name, Address & Phone # (if different): _____

Hours and Days of Operation: _____

of Massage Tables/Chairs: _____ Is there a sauna or steam room?: _____

Are showers provided?: _____ If yes, how many: Men's: _____ Women's: _____ Unisex: _____

Do you provide towels, linens or sheets?: _____. If yes, please explain where and how they are laundered:

Names and License #'s of all massage therapists/technicians: _____

Attach photo copies of all licenses to this form.

To the best of my knowledge and understanding, the information I provided above is true and accurate.
I agree to comply with any state or local laws, regulations or ordinances regarding this facility and operation.

Print Name Signature Date

*****Health District Only*****
Date Paid: _____ Amount Paid: _____ Date License Issued: _____ Date License Expires: _____