PLAINVILLE-SOUTHINGTON REGIONAL HEALTH DISTRICT

Serving the communities of Middlefield, Plainville and Southington

Main Office	Satellite Office	Satellite Office
196 NORTH MAIN ST.	ONE CENTRAL SQUARE	405 MAIN ST., STE.1
SOUTHINGTON CT 06489	PLAINVILLE CT 06062	MIDDLEFIELD CT 06455

860-276-6275 ● FAX 860-276-6277 ● pshd.org

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

MASSAGE LICENSE APPLICATION

(Therapy, Therapist or Technician)

Annual License Fee: $100.00

Date:__________________ Type of Business:____
(Massage Only / Fitness / Full Spa / Physical Therapy, Other)

Business Name:____Phone #_____________________

Business Address:____

Business Owner's Name(s)/ Address/ Phone:____

____

Fax: ___________________________ Email: ____

Property Owner's Name/ Address/ Phone (if different):____

____

Hours and Days of Operation:____

# of Massage Tables/Chairs:______ Is there a sauna/steam room?_______ Are showers provided?______

Do you provide towels, linens or sheets?:________. **If yes, re-usable towels, sheets or linens <u>must</u> be properly washed & sanitized after each customer's use**. Check the following method you plan to use:

____An <u>approved</u> on-site washing machine using either hot water (min. 160°F) <u>or</u> an approved sanitizer.

____An off-site commercial laundry-mat (washing at home is prohibited). Provide name:________________

____An off-site commercial laundry service (pick-up and delivery). Provide service contract.

Provide Names and License #'s of all Massage Therapists/Technicians:_______________________________

____

Attach 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:_________