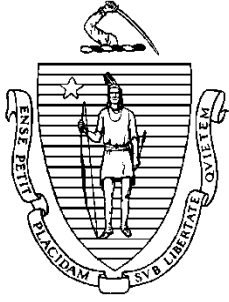


BOARD OF REGISTRATION OF MASSAGE THERAPY
Instructions for Establishment Application

1. An application must be submitted for each physical location. Additionally, should you move your establishment after licensure by the Board, a new application must be submitted because licenses are not transferable.
2. You must read the regulations: 269 CMR 6.00 et. seq.
http://www.mass.gov/Eoca/docs/dpl/boards/mt/prop_cmr/269_cmr_6_00.pdf
3. If you answered Question #13(a) in the affirmative, a certificate of standing is required from every **out-of-state** licensure jurisdiction. Certificates are required for all licensure status including lapsed, expired, etc. Contact that jurisdiction and have the document mailed to you for inclusion with your application. Please maintain the official **statement(s) in the unopened, jurisdiction-sealed envelope(s) to accompany your application**. The document may also be mailed direction to the Board; however, this may cause a delay in processing your application.
4. Regarding Question #14, you must list all offenses except minor traffic offenses.
5. Your application must be signed and notarized.
6. **If your establishment is a non-solo establishment, you must provide a copy of the workman's comp insurance policy declarations page that indicates the amount and effective date of coverage.** The policy must reference the establishment. The Board cannot make recommendations about insurers.
7. Include a check or money order for **\$50.00 (if solo) or \$150 (if multiple)** in U.S. funds made payable to the **Commonwealth of Massachusetts**. The fee is **not** refundable. Please note that your application will not be processed without the correct fee. The initial fee includes both application processing and your first license.
8. **Mail the complete application package to: Board of Massage Therapy, 239 Causeway Street, 5th Floor: *Establishment Licensure*, Boston, MA, 02114.**
9. If you have any additional questions, please contact the Board via: email, michael.e.hawley@state.ma.us or feiyan.h.chen@state.ma.us or by phone, (617) 727-1747.



The Commonwealth of Massachusetts
 Division of Professional Licensure
 www.mass.gov/dpl/boards/mt
Board of Registration of Massage Therapy
 (617) 727- 1747
 239 Causeway Street
 Boston MA 02114
ESTABLISHMENT APPLICATION

BOARD USE ONLY	
Fee: <input type="checkbox"/> Check/MO # _____	Amount Received: <input type="checkbox"/> \$50 <input type="checkbox"/> \$150
Investigator's Name: _____	Date of Inspection: _____
Received By: _____	
Application Number _____	License Number: _____

1. Type of Establishment: Solo-- Mass. Massage Therapist License # _____
 Multiple --Name/License # of Compliance Officer _____

2. Name of Establishment Operator: _____
 Last First Middle

3. Name/Address of Establishment: _____

 No. Street P.O. Box

 City/Town State Zip Code

4. Contact Information : Day Phone: _____ Evening: _____
 E-Mail Address _____

5. Establishment is: Individually Owned Partnership Incorporated (enclose Articles of Corporation)
 If a corporation, what is the name? _____
 If establishment is incorporated, state where: _____
 If a corporation, list names, addresses and phone numbers of the officers. _____

 If a partnership, list names, addresses and phone numbers of the partners. _____

 If individually owned, who is the owner? _____

6. Location of establishment: Store Residence Office Building Salon/Spa
 Medical Office/Clinic Physical Therapy Facility Other _____

7. Has owner obtained all necessary local permits? Yes No

(If applying for a solo establishment license, skip to question #9)

8. Is the establishment's Compliance Plan attached? Yes No If "No," why not?

(Sample: http://www.mass.gov/Eoca/docs/dpl/boards/mt/mt_establishment_sample_compliance_plan.pdf)

9. How many massage therapists are employed or will be practicing at this establishment? _____
Below list all names & MA license #'s

10. Specify how many of each of the items listed below:

Bathrooms _____ *All Purpose Chairs* _____ *Covered Disposals* _____
Massage Tables _____ *Sinks* _____

11. If applicable, provide an Affidavit of Worker's Compensation Coverage

12. Has this establishment been previously licensed by a local board of health or health department within the past two years? [] Yes [] No If "Yes," provide a copy of the license.

(If applying for a solo establishment license, skip to question #14)

13. To be completed by a multiple establishment operator(s):

a) List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each jurisdiction outside Massachusetts in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. _____

b) Has any disciplinary action been taken against you by a licensing/certification authority located in the United States or any country or foreign jurisdiction? Yes: No:
If yes, please state the details (use a separate sheet if necessary): _____

c) Are you the subject of pending disciplinary actions by a licensing/certification authority located in the United States or any country or foreign jurisdiction? Yes: No:
If yes, please state the details (use a separate sheet if necessary): _____

d) Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification authority in the United States or any foreign jurisdiction?
Yes: No: If yes, please state the details (use a separate sheet if necessary): _____

e) Have you ever applied for and been denied a professional license in the United States or any foreign jurisdiction? Yes: No: If yes, please state the details (use a separate sheet if necessary): _____

Establishment operator or manager must notify the Board of Registration of Massage Therapy, thirty (30) days prior, of any change in ownership or location.

14. Have you ever been convicted of a felony or misdemeanor in the United States or any foreign jurisdiction, other than a traffic violation for which a fine of less than \$200.00 was assessed? Yes: No:
 If yes, please state the details (use a separate sheet if necessary): _____

NOTE: The Board has received certification by the Criminal History Systems Board (ID# MAREG G) to access data about convictions and pending criminal cases. Your signature on this application allows the Board to conduct criminal background checks for conviction, non-conviction, and pending criminal case information only, on an ongoing basis, and that it will not necessarily disqualify you from licensure (or later license renewal). Other Federal and professional records may also be checked. The Board will not deny you a license (license renewal) based on criminal information prior to giving you an opportunity for a limited appearance before the Board.

15. I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration of Massage Therapy to deny, suspend or revoke any license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of Operator

Date

Birth Date

ID THEFT INDEX PIN: _____¹

Signature of Owner

Date

Birth Date

ID THEFT INDEX PIN: _____¹

Signature of Owner

Date

Birth Date

ID THEFT INDEX PIN: _____¹

On this ___ day of _____, 20___, before me, _____ the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document in my presence.

_____ (official signature and seal of notary)

Investigator Only: Please staple a copy of the ITD printout for the above referenced Establishment.

¹ Only applicable if the individual has been enrolled in the NCIC Identity Theft File by the CHSB)

YOU MUST INCLUDE THIS
APPLICATION CHECKLIST
WITH YOUR APPLICATION

Please check each box:

- I have read the instructions and all regulations: 269 CMR 6.00 et. seq.
http://www.mass.gov/Eoca/docs/dpl/boards/mt/prop_cmr/269_cmr_6_00.pdf
- I have enclosed a completed (signed & notarized) "License Application" form. Each and every question must be answered with the appropriate information. For "Yes/no" type questions please answer "Yes," "No" or "Not Applicable"
- I have enclosed floor plan of my establishment which includes measurement specifications.
- As **Question #8** was answered in the affirmative, I have enclosed the establishment's compliance plan.
- If applicable, I have enclosed a copy of the Worker's Compensation Insurance Affidavit.
- I have enclosed a Check/Money Order payable to: **Commonwealth of MA** for the following amount: \$50 (Solo) \$150 (Multiple)

MANDATORY

My Social Security Number or Tax Identification Number is:

□ □ □ - □ □ - □ □ □ □

Pursuant to G.L. c. 62C, § 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Mail your application materials to:

*Board of Massage Therapy, 239 Causeway Street, 5th Floor: Establishment Licensure,
Boston, MA, 02114.*