



**Town of Southborough
Health Department
9 Cordaville Road, Lower Level
Southborough, MA 01772-1662**

Phone: (508) 481-3013
Fax: (508) 983-7729

Body Works Process Letter

Dear Bodywork Establishment Owners & Therapists,

Enclosed you will find information on how to apply or renew a Bodywork License in the Town of Southborough. Please, submit all the forms and documents that you see below for your particular submittal.

For a New Bodywork Establishment License:

- Completed Bodywork Establishment Application
- Submit two forms of identification (e.g. Driver's License, Passport, Birth Certificate, etc.)
- Insurance Coverage Page for Workers Compensation (if needed) and General Liability.
- Workers Compensation Affidavit.
- Copy of CPR Certification for on-site staff
- Fee Payable to the Town of Southborough
- A recent front-faced color photograph

For a New Bodywork Therapist License:

- Completed Bodywork Therapist Application
- Submit two forms of identification (e.g. Driver's License, Passport, Birth Certificate, etc.)
- Completed Physician's Statement
- Fee Payable to the Town of Southborough
- A recent front-faced color photograph

For Establishment Renewal:

- Completed Bodywork Establishment Application
- Submit two forms of identification (e.g. Driver's License, Passport, Birth Certificate, etc.)
- Insurance Coverage Page for Workers Compensation (if needed) and General Liability.
- Workers Compensation Affidavit.
- Copy of CPR Certification for on-site staff
- Fee Payable to the Town of Southborough
- A recent front-faced color photograph

For Therapist Renewal:

- Completed Bodywork Therapist Application
- Submit two forms of identification (e.g. Driver's License, Passport, Birth Certificate, etc.)
- Fee Payable to the Town of Southborough
- A recent front-faced color photograph
- Completed Physician's Statement



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2025 Body Work Establishment Application

Permit Fee Due: \$300 (Cash or Check made out to the Town of Southborough only)

Establishment name (dba): _____

Establishment address: _____

Mailing Address: _____

Owner Name: _____

Email: _____ Business Telephone: _____

Primary Contact: _____

Must Complete- Emergency Contact Person

Name & Title: _____

24 Hour Emergency Telephone #: _____

Email: _____

Questionnaire (Check all applicable boxes)

Have you been convicted of a felony within the last 10 years? Yes No

Have you been charged with a felony within the last 10 years? Yes No

Have you been convicted of a misdemeanor or a felony within the last 5 years? Yes No

Have you ever had a license to practice massage denied, suspended, or revoked? Yes No

Have you ever received a disciplinary action from the state board? Yes No

Have you ever lost a license or certification by any municipality

or other jurisdiction for any reason? Yes No

Please explain the circumstances around the conviction if you answered "yes" to any of the questions.



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Individual Therapists:

Please list all Licensed Bodywork Therapists that work at your establishment

CPR Certificates:

Please list all employees training in CPR. (You must attach a copy of each certificate.)

I have read and agree to abide by Southborough Board of Health Regulation.

It is a violation of Southborough Health Department Regulation for any person who is not licensed in this manner to operate a Bodywork Establishment or as an Individual Bodywork Therapist.

By signing this, I declare under the penalty of perjury, that the foregoing 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 Southborough, its agents and employees, to seek information and investigate the truth 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.

Signature: _____ Date: _____