



**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:**

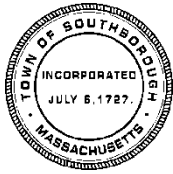
- Completed Bodywork Therapist Application
- Submit two forms of identification (e.g. Driver's License, Passport, Birth Certificate, etc.)
- Completed Physician's Statement
- Fee Payable to the Town of Southborough
- A recent front-faced color photograph

### **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

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**CPR Certificates:**

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

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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: \_\_\_\_\_