

**TOWN OF WEBSTER**  
**Health Department**  
350 Main St. Webster, MA 01570  
(508) 949-3800 x4002



**Public Health**  
Prevent. Promote. Protect.

Camille Griffin, MPH, REHS/RS  
Health Director

Danyel Guiou  
Health Agent

Brett Bergeron, Chairman  
Tracy Daggett, Vice Chair  
Janet Stoica, Member  
Matthew Wyke, Member  
Oktawia Gielarowicz, Member

## **Bodywork Establishment Permit Application**

According to the Webster Board of Health Regulations Governing the Practice of Bodywork, to obtain a permit, a bodywork establishment shall have at least one (1) person with ownership interest in the business shall obtain and maintain a valid Bodywork Practitioner Permit. Every Establishment shall have at least one (1) Person in Charge who is authorized to act on behalf of the owner(s) at all time the Establishment is open for business. The Person in Charge may be an owner.

Complete the application below truthfully and completely. Please print legibly. Incomplete application and missing documents may delay the review process and issuing a permit.

Bodywork refers to the practice of a person representing themselves as a bodywork Practitioner or the practice of a person using primarily touch to manipulate tissue, which does not constitute massage as defined in M.G.L., C.112, Sec. 227 in the course of a treatment or therapy provided to another person.

### **1. Establishment Information**

Date: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_ Webster, MA 01570

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **2. Hours of Operation**

Hours of operation shall be limited to 8:00am to 10:00pm. All appointments must conclude by 10:00pm.

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

### **3. Owner(s) Information**

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Owner's Date of Birth: \_\_\_\_\_

**If there is more than one (1) person with ownership interest in the business, please provide ALL owners names, address, phone number, and date of birth on a separate sheet.**

### **4. Person in Charge**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 5. 24-Hour Emergency Contact Information

Name of 24-Hour Contact: \_\_\_\_\_ 24-Hour Phone Number: \_\_\_\_\_

### 6. Physical Facility

Is a waiting area for clients available within the establishment? ☐ Yes ☐ No

Is a hand wash sink available? ☐ Yes ☐ No

If yes, where is it located? \_\_\_\_\_

Does the hand sink have hot water between 110° - 130°F? ☐ Yes ☐ No

Is the hand sink supplied with soap and paper towels? ☐ Yes ☐ No

Is a shower available? ☐ Yes ☐ No

Is the room to be used for bodywork heated and well ventilated? ☐ Yes ☐ No

Will latex-containing products be used? ☐ Yes ☐ No

If yes, a sign shall be conspicuously posted to alert client's latex-containing products are in use.

Describe your sanitation measures for any bodywork that entails disrobing and / or draping, use of oils or lotions, and / or use of a massage-type of table: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Bodywork establishments shall not have shades, covers, blackout curtains, etc. in the waiting room or reception area.**

Statement: I, \_\_\_\_\_ received, read and understand  
Print Name

the Webster Board of Health Regulations Governing the Practice of Bodywork. I agree to adhere to all regulations regarding bodywork. I understand that any deviation from the submitted and approved plan without prior approval from the Webster Health Department may cause a delay in the permit process. Pursuit to M.G.L Chapter 62C, Section 49A, I hereby certify under the pains and penalties of perjury that, to my best knowledge and belief, the information provided above is true and correct and that I have filed all state tax returns and paid all state taxes required under law. I understand that false statements shall constitute grounds for denial.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

Title: \_\_\_\_\_

### 7. Notarize by Notary Public

Have this application Notarized by Notary Public of the Commonwealth of MA in the area below.

## 8. Bodywork Practitioner Information

List the following information for all Bodywork Practitioners working at your establishment.

**To obtain a Bodywork Establishment Permit, there must be a least one (1) Person in Charge, who is a permitted bodywork practitioner, present at the establishment at all hours of operation.**  
(attach additional sheets if necessary)

**Please indicate all permitted bodywork practitioners with ownership interest in the business**

Name	Address	Phone Number	Currently permitted in Webster?			Person in Charge?		Business Owner?	
			Yes	No	In the Process	Yes	No	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- If a Bodywork Practitioner's Permit has NOT been obtained or is in the process of obtaining a Permit, the individual CANNOT perform Bodywork until a permit has been obtained. Each Bodywork Practitioner is required to obtain a valid Permit issued by the Webster Health Department.

**To obtain a Bodywork Establishment Permit, submit the following:**

- ☐ Completed "Bodywork Establishment Permit Application." Incomplete applications and missing documents may delay the review process and issuing a permit.
- ☐ Fee: \$500.00 made payable to the "**Town of Webster**". Credit cards are not accepted at this time. **All fees are non-refundable.**
- ☐ Provide a "Certificate of Good Standing" from the Massachusetts Department of Revenue (DOR). [MA Department of Revenue - Request for a Certificate of Good Standing](#)
- ☐ Detailed Floor Plan of the premise with measurements specifications. (See example below)
- ☐ Completed "Workers Compensation Insurance Affidavit: General Business" – See page 5. Instructions for completing the form are on page 6. Attach a copy of the workers' compensation policy declaration page that shows the policy number and expiration date. **Please do not submit expired policies.** This is a state requirement for all permits that are issued by the department.

**For Official Use Only**

- ☐ **Approved as submitted**
- ☐ **Approved as submitted with the following conditions:** \_\_\_\_\_

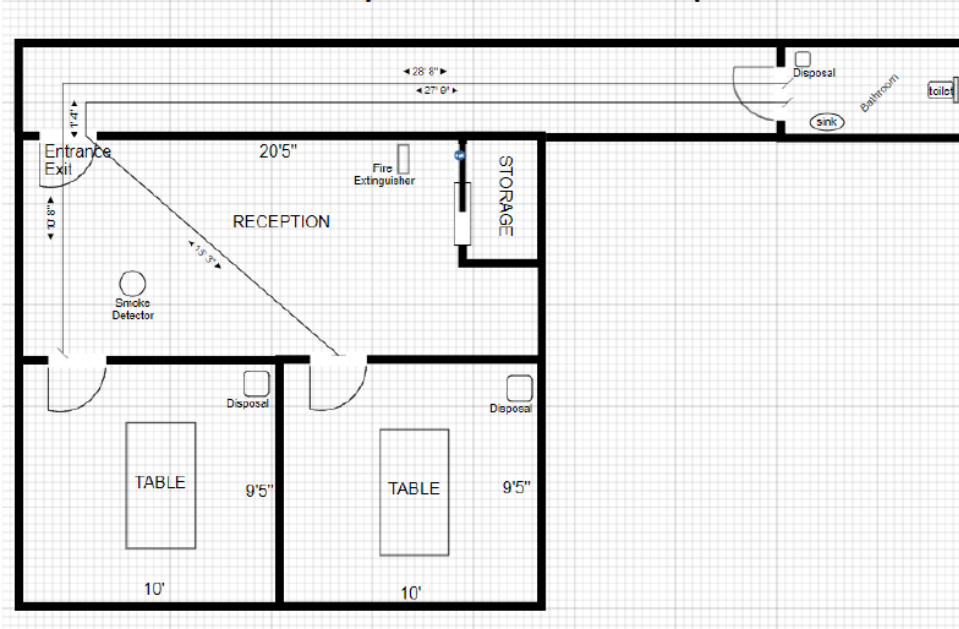
- ☐ **Disapproved as submitted – Reason(s): \*\*** \_\_\_\_\_

**\*\* Applicant can resubmit an updated application or provide additional information to address the reason(s) why the application was disapproved.**

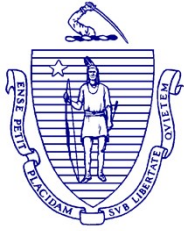
**Date Reviewed:** \_\_\_\_\_ **Reviewed By:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date Permit was Issued:** \_\_\_\_\_

## Bodywork Sample Floor Plan



These measurements and dimensions are an example and not the required size of rooms. Please refer to *Webster Board of Health Regulations Governing the Practice of Bodywork* for establishment physical requirements.



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**1 Congress Street, Suite 100**  
**Boston, MA 02114-2017**  
**www.mass.gov/dia**

**Workers' Compensation Insurance Affidavit: General Businesses.**  
**TO BE FILED WITH THE PERMITTING AUTHORITY.**

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

1. ☐ I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.  
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.***

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

***Official use only. Do not write in this area, to be completed by city or town official.***

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**"

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street  
Boston, MA 02114-2017  
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)