



Town of Halifax

Spa Establishment Permit Application

Applications received **after** the December 31st deadline, fees will be ***doubled in amount***. Failure to pay late fees will result in non renewal of permit.

*** All permit applications must be submitted to the Halifax Board of Health at least 30 days prior to an opening or renewal date.

*** Massage Therapists working within the spa establishment must complete a massage therapy application and also submit it to the Board of Health. http://www.halifax.ma.us/pages/HalifaxMA_Health/massage.

*** Liability Insurance is a requirement for the Halifax Board of Health to issue a permit. If you have any questions, please contact our office at 781-293-6768.

Business Information

Establishment Name: _____

Establishment Mailing Address: _____

Establishment Telephone #: _____

Applicant Name & Title: _____

Applicant Address: _____

Applicant Telephone #: _____

24 Hour Emergency #: _____

Applicant E-Mail Address(s): _____

Owner Name & Title (if different from applicant): _____

Owner Address (if different from applicant): _____

Permit Fee

\$ _____

Payment is due with application

Type of Permit

Spa Establishment

Be sure to include copies of the following documents:

- Worker's Compensation Affidavit Form
- Worker's Compensation Insurance Certificate
- Liability Insurance Certificate
- State License
- Application Fee

Establishment Owned by: If a corporation or partnership, give name, title and home address of officers or partners.

- An Association A Corporation an Individual
- A Partnership Other legal entity

Operational Information

Person Directly responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)

Name & Title: _____

Address: _____

Telephone #: _____ Emergency Contact #: _____

Fax #: _____ E-Mail: _____

District or Regional Supervisor (if applicable)

Name & Title: _____

Address: _____

Telephone #: _____ Emergency Contact #: _____

Fax #: _____ E-Mail: _____

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Please describe/list all services to be provided at the Spa Establishment and what department permits such activity.

For Example:

Hair dressing is supervised by the State Board of Cosmetology.

Pedicures are supervised by the State Board of Cosmetology and permitted by the Halifax Board of Health.

(Attach additional sheets if necessary.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

- I, the applicant for the above named Nail Salon, will update this description as soon as changes occur, at least once a year at time of re-permitting.
- I, the applicant, will keep copies of all applicable regulations on site.
- I, the applicant, have received an emergency plan from the Board of Health, at the cost of _____ and will keep said emergency plan on site at all times and will use it for training purposes for all employees.

Signed: _____ **Date:** _____