



TOWN OF HALIFAX COMMONWEALTH OF MASSACHUSETTS

Board of Health

499 Plymouth Street, Halifax, MA 02338
***Telephone (781)293-6768 *** Fax (781)293-1738

*** 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.

It is the responsibility of the facility owner to inform anyone performing services within their facility of the Board of Health's application deadline policy. ***

Application for Permit to Practice Massage Therapy

Date: _____

Fee: **\$15.00**

Name: _____

Address: _____

Email: _____

Phone: (Home) _____ (Cell) _____ (Business) _____ (Work) _____

Education: Approved School of Massage: _____

Date of completion: _____

Annual CEU's required? _____

Licensed in other towns/establishments? _____

Establishment where massage will be practiced in Halifax: _____

The applicant must receive a copy of the Town's regulations. Please sign indicating receipt of regulations

Signature: _____

Applicant has received regulations:

Date: _____

The Board of Health requires the following to process your application:

1. Completed and signed permit application
2. Signed Worker's Compensation Insurance Affidavit
3. Liability Insurance
 - a. *** 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.
4. Copy of State License
5. Informed Consent Client Form for Massage Clients