

TOWN OF SPENCER
Office of Development & Inspectional Services



Planning Board
Zoning Board of Appeals
Conservation Commission
Board of Health

Town Planner
Inspector of Buildings
Health Agent
Wetland/Soil Specialist

Application for Original
Individual Massage/Muscular
Therapy License

Memorial Town Hall
157 Main Street
Spencer, MA 01562

Tel: 508-885-7500 ext. 180
Fax: 508-885-7519

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Name of Business: _____

Address of Business: _____

EDUCATIONAL BACKGROUND

(Attach certified copy of statement of courses complete certificates, degrees, etc.)

1. Course Completed: _____

License/Certificate/Degree: _____

Issued By: _____

Date Issued: _____ Expiration Date: _____

2. Course Completed: _____

License/Certificate/Degree: _____

Issued By: _____

Date Issued: _____ Expiration Date: _____

3. Course Completed: _____

License/Certificate/Degree: _____

Issued By: _____

Date Issued: _____ Expiration Date: _____

WORK EXPERIENCE

1. Name/Address of Business: _____

Date Employed: _____ Telephone Number: _____

2. Name/Address of Business: _____

Date Employed: _____ Telephone Number: _____

3. Name/Address of Business: _____

Date Employed: _____ Telephone Number: _____

COPY OF TUBERCULOSIS CERTIFICATE MUST ACCOMPANY APPLICATION ALONG WITH
CHECK/MONEY ORDER MADE PAYABLE TO THE TOWN OF SPENCER.

Signature of Applicant: _____ Date: _____

For official Use Only: Permit # _____ Fee Paid \$ _____ Check #: _____ Date Paid: _____

Date Permit Issued: _____ Date Permit Expires: _____

TOWN OF SPENCER
Office of Development & Inspectional Services



*Planning Board
Zoning Board of Appeals
Conservation Commission
Board of Health*

*Town Planner
Inspector of Buildings
Health Agent
Wetland/Soil Specialist*

*Memorial Town Hall
157 Main Street
Spencer, MA 01562*

*Tel: 508-885-7500 ext. 180
Fax: 508-885-7519*

Tax Compliance Certificate

MASSACHUSETTS GENERAL LAWS, CH.62 S49A (b)

I hereby certify that I have complied with all the laws of the
Commonwealth of Massachusetts relating to taxes.

(1) Individual Contractor*

(company name)

(print name & title)

(signature)

(2) Corporation, Association or Partnership

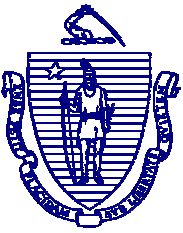
(firm name)

(print name & title)

(signature)

Signed under the pains and penalties of perjury on _____.
(date)

*Note to Contractor: Please sign at (1) or (2), whichever applies.



*The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia*

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am a 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."

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.

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.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

NUMBER _____

FEE: _____

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF SPENCER
BOARD OF HEALTH

MASSAGE / MUSCULAR THERAPY ESTABLISHMENT

This is to certify that _____ residing at
_____ and working at a place of business called
_____ located at _____ in the

TOWN OF SPENCER has been granted a permit for same, and is subject to the Provisions of the Laws of the Commonwealth of Massachusetts, relating thereto, and upon such terms and conditions, and to the rules and regulations established by the **SPENCER BOARD OF HEALTH** governing the operation of Massage/Muscular Therapy Establishments and shall remain in force until the last date of December, 2007, unless previous to that time is suspended or revoked. This license is to be displayed conspicuously at all times. This license must not be sold, assigned or transferred.

Signature of Massage Therapist

Signature of Licensing Authority

Date and Seal

NUMBER _____

FEE: _____

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF SPENCER
BOARD OF HEALTH

MASSAGE / MUSCULAR THERAPY PRACTITIONER

This is to certify that _____ residing at
_____ and working at a place of business called
_____ located at _____ in the

TOWN OF SPENCER has been granted a permit for same, and is subject to the Provisions of the Laws of the Commonwealth of Massachusetts, relating thereto, and upon such terms and conditions, and to the rules and regulations established by the **SPENCER BOARD OF HEALTH** governing the operation of Massage/Muscular Therapy Establishments and shall remain in force until the last date of December, 2007, unless previous to that time is suspended or revoked. This license is to be displayed conspicuously at all times. This license must not be sold, assigned or transferred.

Signature of Massage Therapist

Signature of Licensing Authority

Date and Seal

TOWN OF SPENCER

Office of Development & Inspectional Services

*Planning Board
Zoning Board of Appeals
Conservation Commission
Board of Health*

*Town Planner
Inspector of Buildings
Health Agent
Wetland/Soil Specialist*



*Memorial Town Hall
157 Main Street
Spencer, MA 01562*

*Tel: 508-885-7500 ext. 180
Fax: 508-885-7519*

Rules & Regulations for Massage Therapy

The Board of Health of the Town of Spencer Massachusetts acting under the authority of the Mass. General Laws Chapter 111, Sec. 31, and Chapter 140, Sec. 510-53, adopts the following:

Rules and Regulations governing the licensing and practice of massage/muscular therapy and the operating of an establishment to give massage/muscular therapy.

Section 1 Definitions

1.1 APPROVED shall mean approved by the Board of Health, Town of Spencer.

1.2 MASSAGE/MUSCULAR THERAPIST shall mean any person who has been trained in the art of massage/muscular therapy and who has completed a program of instruction in massage/muscular therapy approved by the Board of Health of the Town of Spencer.

1.3 MASSAGE/MUSCULAR THERAPY shall mean a method of applying pressure on or friction against, rubbing, kneading, tapping, pounding or stroking the external parts of the body with the hands or arms; with or without the aid of mechanical or electrical apparatus or appliances: with or without supplementary aids such as rubbing alcohol, liniments, oils, creams, lotions, powders or similar preparations; for the purpose of reducing tension, stimulation circulation and generally providing for an increase in a persons health or well being.

1.4 SANITIZATION shall mean effective bactericidal treatment by a process that provides enough accumulative heat or concentration for chemicals for enough time to reduce the bacterial count, including pathogens, to a safe level on cleaned towels, linens and instruments.

Section 2 Licensure-Original

2.1 No person shall practice massage/muscular therapy, or conduct an establishment for the giving of massage/muscular therapy, or advertise or hold him/herself out as being

engaged in the business of massage/muscular therapy in the Town of Spencer without receiving a license therefore from the Board of Health of Spencer.

2.2 Application for a license

a. Any person desiring to obtain a license to practice massage/muscular therapy or conduct an establishment for the giving of massage/muscular therapy shall make written application for such license on a form provided by the Board of Health.

b. The application for the original license shall include:

1. A certified copy of proof of graduation from a school of massage or muscular therapy approved by the American Massage Therapy Assn. or the Commonwealth of Mass. Dept. of Education.

c. The application of a minor must be accompanied by a written letter or statement showing that the application has been made with the knowledge and consent of the minor's parent or guardian.

Or

Proof of graduation from a school of massage or muscular therapy certified by the Board of Education in the state in which the school is located, and which requires at least 500 hours and six months of instruction and practicum training.

2.3 Show certification that the applicant is free of Tuberculosis in a communicable form as set forth by the Dept. of Public Health of the Commonwealth of Massachusetts.

2.4 Every application for an original license, as distinguished from an application for a renewal of a license, shall be accompanied by evidence, satisfactory to the Board of Health, of moral and physical fitness, and of training and experience, adequate to enable the applicant to engage in the calling that he/she desires to pursue; and any licensee whatsoever may at any time be required to furnish additional evidence of such fitness, training or experience.

2.5 Application for a license renewal shall be made on a form provided by the Board of Health. It shall be the responsibility of the licensee to obtain renewal prior to the expiration of the existing license.

2.6 The fee for massage/muscular therapy shall be \$60.00 (sixty dollars) and shall expire one year from the date of issue.

Section 3 Licensing Exception and Exclusions

3.1 The license provisions of these regulations shall not apply to the following classes of individual while engaged in the performance of the duties of their respective professions:

a. Physicians, Surgeons, Chiropractors, Osteopaths, Podiatrists, Physical Therapists or Occupational Therapists who are duly licensed to practice their respective profession in the Commonwealth of Massachusetts.

b. Barbers and Beauticians who are duly licensed under the laws of the Commonwealth of Mass. While engaging in practices within the scope of their licenses, except that this provision shall apply solely to the massaging of the neck, face and or scalp of the customer or client.

c. Health Care Personnel in hospitals, nursing homes or other health care facilities licensed by the Commonwealth of Massachusetts.

d. Coaches and athletic trainers acting within the scope of their employment and accredited schools or educational institutions.

3.2 A person licensed to practice massage in any other city or town of the Commonwealth of Massachusetts may, at the request of a physician attend patients in Spencer. If requested he/she shall provide a copy of such license to the Board and written confirmation of such request from the physician.

Section 4 Massage/Muscular Therapy Establishment Licensing Requirements

An establishment offering massage/muscular therapy shall:

4.1 Make an application for a license to operate an establishment for the giving of massage/muscular therapy on a form provided by the Board of Health.

4.2 Application for License Renewal shall be made on a form provided by the Board. It shall be the responsibility of the Licensee to obtain renewal prior to the expiration of the existing license.

4.3 The fee for a license to operate an establishment for the giving of massage/muscular therapy shall be set annually on July 1, and shall expire one year from the date of issue.

Section 5 Massage/Muscular Therapy Establishment Operating Requirements

5.1 All persons in each establishment engaged in the practice of massage/muscular therapy shall hold a valid license from the Board of Health to practice massage/muscular therapy.

5.2 Massage/Muscular Therapy Establishments shall at all times be equipped with an adequate supply of clean sanitary towels, cover and linens, which shall be stored so as to protect them from contamination. Towels and linens shall not be used on more than one patron unless the items have been first laundered or sanitized. Disposal towels and coverings shall not be reused. Soiled linens and disposal items shall be deposited in

separate covered receptacles and shall be disposed of as often as necessary in an approved sanitary manner.

5.3 All instruments and devices used by any person licensed to practice massage/muscular therapy or conduct an establishment for the giving of massage/muscular therapy, for the direct application to the bodies of patrons, or for holding materials to be applied to the body, shall, so far as practicable, be kept clean and sanitized. Adequate provisions shall be made for cleaning and sanitizing same.

5.4 Floors, walls, and other physical facilities of the establishment shall be maintained in a clean and sanitary condition at all times.

5.5 No establishment licensed for the giving of massage/muscular therapy shall be kept open or operates except between the hours of 7:00 a.m. and 10:00 p.m. unless authorized in writing by the Board of Health.

5.6 The conduct or operation of the business for which the permit is requested, and the place set forth in the application, will not violate any law, regulation or by-law of the Town of Spencer, or the Commonwealth of Massachusetts.

5.7 Every person licensed to practice massage/muscular therapy or to operate an establishment for the giving of massage /muscular therapy will be issued a certificate to that effect which shall bear the signature of the licensee and the licensee shall have this certificate in his/her possession whenever and wherever he/she may be engaged in the practice of massage/muscle therapy, and when requested shall show such certificate to any legally authorized public office.

5.8 Agents of the State Department of Public Health, the Spencer Board of Health, or members of the Spencer and State Police Departments as provided in MGL Chapter 140, Section 52 may enter an establishment licensed for the giving of massage/muscular therapy at any reasonable time for the purpose of making an inspection to ascertain whether the establishment is in compliance with these regulations. Refusal to allow entry to authorized persons shall be sufficient reason to revoke the license issued under sections 2.2 and 4.1.

Section 6 Penalty

6.1 Whoever violates any provision of these rules and regulations shall be punished by a fine of not more than \$300.00 (three hundred dollars) for each offense, or by imprisonment for not more than six (6) months, or both, as provided for in Chapter 140, Sec. 53 of the Mass. General Laws.

6.2 Severability. If any provision of these regulations shall be declared invalid for any reason whatsoever, that decision shall not affect any other portion of these regulations, which shall remain in full force and effect; and to this end these regulations are hereby declared severable.