



# Town of Barnstable

**Regulatory Services**  
**Thomas F. Geiler, Director**  
**Public Health Division**

**Thomas McKean, Director**  
200 Main Street  
Hyannis, MA 02601

DATE: \_\_\_\_\_

FEE: \_\_\_\_\_

REC. BY \_\_\_\_\_

SCHED. DATE: \_\_\_\_\_

Office: 508-862-4644

Fax: 508-790-6304

**New Applicant Fee: \$100**  
**Establishment Permit: \$100**  
**Massage Therapist Permit: \$50**

## Application for License to Practice Massage

**Instructions:** *Each applicant must answer, in his or her own handwriting, all of the questions below. (Please send \$100 application fee with this application). If the application is approved by the Board of Health, you will receive notification in writing, requesting you to remit the required \$50.00 Permit fee, and the \$100 Establishment fee (If applicable).*

Full Name of Applicant \_\_\_\_\_

Location of Business \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

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1. Name all the occupations in which you have been engaged during the last 2 years and the address at which you have been engaged in each occupation:

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

2. Name all the addresses at which you have lived during the last 2 years, including your present place of residence:

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3. If now engaged in the practice of the business or businesses indicated on this application state where and give your present license number.

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4. Do you desire to engage in business under any trade name or designation other than your own name?

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5. Give the names, occupations and addresses of three professional or business men or women residents of the Town of Barnstable, (or pervious residence) other than those who have signed the vouchers of whom inquiry can be made for further information regarding your character and fitness to be licensed to carry on the business for which you have made application:

Name	Occupation	Address	Phone #

Obtain names, addresses and occupations of three professional or business men or women (including one physician)

**VOUCHER**

We, the undersigned residents of the Town of Barnstable, (or previous residence of applicant), have been personally acquainted with the applicant for more than two (2) years, and know the applicant to be a person of good moral character and to be free from habits which might make it inadvisable to grant him/her a license to practice the business applied for.

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APPLICANTS FOR LICENSE TO PRACTICE MASSAGE whether Facial, Scalp or General Body Massage, will answer the following questions:

6. What particular form or kind of massage do you wish to be licensed to practice – Facial, scalp, or general body massage? \_\_\_\_\_

7. Do you wish to be licensed to treat persons in their own homes exclusively? \_\_\_\_\_ [NOTE: If yes, please telephone the Public Health Nurse to arrange an inspection of your "travel bag" which must include dispenser soap and paper towels to be used for thoroughly washing your hands.]

8. At what place or places other than in the homes of patrons do you wish to be licensed to practice massage? \_\_\_\_\_ [NOTE: Please telephone the Public Health Nurse at (508) 862-4644 to arrange an inspection.]

9. Do you wish to be licensed to conduct an establishment, office or room of your own for the reception and treatment of patrons? \_\_\_\_\_ [NOTE: Please telephone the Public Health Nurse at (508) 862-4644 to arrange an inspection.]

If so, answer the following questions:

(a) At what location or locations do you wish to be so licensed? \_\_\_\_\_

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(b) Number of rooms to be used for the accommodation or treatment of patrons, for each location named \_\_\_\_\_

(c) On what floor or floors are the rooms indicated situated? \_\_\_\_\_

(d) What facilities are provided for securing cold and hot water? \_\_\_\_\_

(e) What arrangements are made for assuring the cleanliness of towels, robes, sheets or other coverings used in connection with the treatment of patrons?

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(f) What toilet facilities are available for the accommodation of patrons, of each sex?

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(g) Are the rooms above described used or to be used for any other purpose than for giving massage treatment? \_\_\_\_\_

If so, what? \_\_\_\_\_

10 What education, training and experience have you had to qualify you to practice massage?

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11. Give a list of the certificates, if any, which you are submitting with this application to your qualifications to practice massage?

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## FOR MAIL-IN REQUESTS

Please mail your original completed massage license application form to the address below.

Also, please include:

- 4 copies of documentation or evidence of having passed the National Certification Examination for Therapeutic Massage and Body Work - include on said copies of documentation shall be his/her photo identification along with test score results.**
- 4 copies of documentation or evidence of training experience evaluated as equivalent to a minimum of 500 hours course of study in massage therapy, bodywork, or movement education.**
- 4 copies of proof of skin test for tuberculosis within the last two (2) years.**

The application will be reviewed by in- house staff within 48 hours and will be scheduled at the next available Board of Health meeting for approval. Please allow up to forty (40) days for processing and issuance of the license. Our mailing address is:

**Town of Barnstable  
Public Health Division  
200 Main Street  
Hyannis, MA 02601**

For further assistance on any item above, call 508-862-4644