

Weymouth Health Department

Director
Daniel McCormack,
R.S., C.H.O
Mayor
Robert L. Hedlund



Health Department
75 Middle Street
Weymouth, MA 02189
Tel. (781) 340-5008
Fax. (781) 682-6112

Board of Health Regulation #33 – Bodywork Process Letter

Dear Bodywork Establishment Owners & Therapists,

Enclosed you will find information on how to apply or renew a Bodywork License in the Town of Weymouth. Please, submit all the forms and documents that you see below for your particular submittal.

For a New Bodywork Establishment License:

- Completed Bodywork Establishment Application
- Submit two forms of identification (e.g. Driver's License, Passport, Birth Certificate, etc.)
- Insurance Coverage Page for Workers Compensation (if needed) and General Liability.
- Workers Compensation Affidavit.
- Copy of CPR Certification for on-site staff
- Fee Payable to the Town of Weymouth
- A recent front-faced color photograph

For a New Bodywork Therapist License:

- Completed Bodywork Therapist Application
- Submit two forms of identification (e.g. Driver's License, Passport, Birth Certificate, etc.)
- Completed Physician's Statement
- Fee Payable to the Town of Weymouth
- A recent front-faced color photograph

For Establishment Renewal:

- Completed Bodywork Establishment Application
- Submit two forms of identification (e.g. Driver's License, Passport, Birth Certificate, etc.)
- Insurance Coverage Page for Workers Compensation (if needed) and General Liability.
- Workers Compensation Affidavit.
- Copy of CPR Certification for on-site staff
- Fee Payable to the Town of Weymouth
- A recent front-faced color photograph

For Therapist Renewal:

- Completed Bodywork Therapist Application
- Submit two forms of identification (e.g. Driver's License, Passport, Birth Certificate, etc.)
- Fee Payable to the Town of Weymouth
- A recent front-faced color photograph
- Completed Physician's Statement

健康法规委员会#33 – 车身 工艺信函

亲爱的车身机构所有者和治疗师,

随函附上有关如何在韦茅斯镇申请或续订车身许可证的信息。请提交您特定提交内容下方看到的所有表格和文档。

对于新的车身建立许可证：

- 已完成车身设置申请
- 提交两种身份证明形式（如驾驶执照、护照、出生证明等）
- 工人补偿保险范围（如果需要）和一般责任。
- 工人补偿宣誓书。
- 现场工作人员的CPR认证副本
- 支付给韦茅斯镇的费用
- 最近一张前脸彩色照片

对于新的身体工程治疗师许可证：

- 完成身体工程治疗师应用
- 提交两种身份证明形式（如驾驶执照、护照、出生证明等）
- 完成医生声明
- 支付给韦茅斯镇的费用
- 最近一张前脸彩色照片

对于车身机构更新：

- 已完成车身设置申请
- 提交两种身份证明形式（如驾驶执照、护照、出生证明等）
- 工人补偿保险范围（如果需要）和一般责任。
- 工人补偿宣誓书。
- 现场工作人员的CPR认证副本
- 支付给韦茅斯镇的费用
- 最近一张前脸彩色照片

对于身体治疗师更新：

- 完成身体工程治疗师应用
- 提交两种身份证明形式（如驾驶执照、护照、出生证明等）
- 支付给韦茅斯镇的费用
- 最近一张前脸彩色照片
- 完成医生声明

คณะกรรมการกำกับดูแลสุขภาพ #33 – จดหมายกระบวนการ ของร่างกาย

เรียน เจ้าของและนักบำบัดโรคบอดีเวิร์ค

ล้อมรอบคุณจะพบข้อมูลเกี่ยวกับวิธีการสมัครหรือต่ออายุใบอนุญาตบอดีเวิร์คในเมือง Weymouth
โปรดส่งแบบฟอร์มและเอกสารทั้งหมดที่คุณเห็นด้านล่างการส่งเฉพาะของคุณ

สำหรับใบอนุญาตจัดตั้งบอดีเวิร์คใหม่:

- การประยุกต์ใช้การจัดตั้งบอดีเวิร์คที่เสร็จสมบูรณ์
- ส่งบัตรประจำตัวประชาชน 2 รูปแบบ (เช่น ใบขับขี่ หนังสือเดินทาง สูติบัตร เป็นต้น)
- หน้าความคุ้มครองประกันภัยสำหรับค่าชดเชยแรงงาน (ถ้าจำเป็น) และความรับผิดชอบทั่วไป
- ค่าชดเชยแรงงาน
- สำเนาใบรับรอง CPR สำหรับพนักงานในสถานที่
- ค่าธรรมเนียมที่ต้องชำระให้กับเมือง Weymouth
- ภาพถ่ายสีหน้าล่าสุด

สำหรับใบอนุญาตนักบำบัดร่างกายใหม่:

- การประยุกต์ใช้นักบำบัดร่างกายเสร็จสมบูรณ์
- ส่งบัตรประจำตัวประชาชน 2 รูปแบบ (เช่น ใบขับขี่ หนังสือเดินทาง สูติบัตร เป็นต้น)
- แฉกการันตีของแพทย์ที่เสร็จสมบูรณ์
- ค่าธรรมเนียมที่ต้องชำระให้กับเมือง Weymouth
- ภาพถ่ายสีหน้าล่าสุด

สำหรับการต่ออายุการจัดตั้งบอดีเวิร์ค:

- การประยุกต์ใช้การจัดตั้งบอดีเวิร์คที่เสร็จสมบูรณ์
- ส่งบัตรประจำตัวประชาชน 2 รูปแบบ (เช่น ใบขับขี่ หนังสือเดินทาง สูติบัตร เป็นต้น)
- หน้าความคุ้มครองประกันภัยสำหรับค่าชดเชยแรงงาน (ถ้าจำเป็น) และความรับผิดชอบทั่วไป
- ค่าชดเชยแรงงาน
- สำเนาใบรับรอง CPR สำหรับพนักงานในสถานที่
- ค่าธรรมเนียมที่ต้องชำระให้กับเมือง Weymouth
- ภาพถ่ายสีหน้าล่าสุด

สำหรับการต่ออายุนักบำบัดร่างกาย:

- การประยุกต์ใช้นักบำบัดร่างกายเสร็จสมบูรณ์
- ส่งบัตรประจำตัวประชาชน 2 รูปแบบ (เช่น ใบขับขี่ หนังสือเดินทาง สูติบัตร เป็นต้น)
- ค่าธรรมเนียมที่ต้องชำระให้กับเมือง Weymouth
- ภาพถ่ายสีหน้าล่าสุด
- แฉกการันตีของแพทย์ที่เสร็จสมบูรณ์

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75 Middle Street
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2024 Body Work Establishment Application

Permit Fee due: \$300 (*Cash or check made payable to Town of Weymouth only.*)

Please cross out and indicate in red ink any changes in information

Establishment Name (dba):

Establishment Address:

Mailing Address:

Owner Name:

Email:

Business Telephone #:

Primary Contact:

Must complete - Emergency Contact Person

Name & Title: _____

24 Hour Emergency Tel. #: _____

Email: _____

Questionnaire (*Check all applicable boxes*)

Have you been convicted of a felony within the last 10 years? ☐ Yes ☐ No

Have you been charged with a felony within the last 10 years? ☐ Yes ☐ No

Have you been convicted of a misdemeanor or a felony within the last 5 years? ☐ Yes ☐ No

Have you ever had a license to practice massage denied, suspended, or revoked? ☐ Yes ☐ No

Have you ever received a disciplinary action from the state board? ☐ Yes ☐ No

Have you ever lost a license or certification by any municipality or other jurisdiction for any reason? ☐ Yes ☐ No

Please explain the circumstances around the conviction if you answered “yes” to any of the questions.

Individual Therapists:

Please list all Licensed Bodywork Therapists that work at your establishment

CPR Certificates:

Please list all employees training in CPR. (You must attach a copy of each certificate.)

I have read and agree to abide by Weymouth Board of Health Regulation #33.

It is a violation of Weymouth Health Department Regulation #33 for any person who is not licensed in this manner to operate a Bodywork Establishment or as an Individual Bodywork Therapist.

By signing this, I declare under the penalty of perjury, that the foregoing information contained in this application is true and correct. False statements shall constitute grounds for revocation, suspension, or denial of an issued or un-issued license.

By signing this I authorize the Town of Weymouth, its agents and employees, to seek information and investigate the truth of the statements set forth in this application which shall include both a Criminal Offender Records Information and a Sexual Offender Records Information request with the Criminal System History Board.

Signature: _____ Date: _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
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 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 § 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 (check 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
Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia

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2024 Bodywork Therapist Application

Permit Fee due: \$100 (*Cash or check made payable to Town of Weymouth. No Credit Cards*)

Please cross out and indicate in red ink any changes in information

Therapist Name:

Home Address:

Email: _____ Home Telephone #: _____

Mailing Address:

Establishment Name (dba):

Owner Name:

Email: _____ Business Telephone #: _____

Questionnaire (*Check all applicable boxes*)

- | | | |
|---|------------------------------|-----------------------------|
| Have you been convicted of a felony within the last year? | ☐ Yes | ☐ No |
| Have you been charged with a felony within the last year? | ☐ Yes | ☐ No |
| Have you been convicted of a misdemeanor or a felony within the last year? | ☐ Yes | ☐ No |
| Have you ever had a license to practice massage denied, suspended, or revoked? | ☐ Yes | ☐ No |
| Have you ever received a disciplinary action from the state board? | ☐ Yes | ☐ No |
| Have you ever lost a license or certification by any municipality or other jurisdiction for any reason? | ☐ Yes | ☐ No |

Please explain the circumstances around the conviction if you answered “yes” to any of the questions.

I have read and agree to abide by Weymouth Board of Health Regulation #33.

It is a violation of Weymouth Health Department Regulation #33 for any person who is not licensed in this manner to operate a Bodywork Establishment or as an Individual Bodywork Therapist.

By signing this, I declare under the penalty of perjury, that the foregoing information contained in this application is true and correct. False statements shall constitute grounds for revocation, suspension, or denial of an issued or un-issued license.

By signing this I authorize the Town of Weymouth, its agents and employees, to seek information and investigate the truth of the statements set forth in this application which shall include both a Criminal Offender Records Information and a Sexual Offender Records Information request with the Criminal System History Board.

Signature: _____ Date: _____

REMINDER YOU NEED TO SUBMIT:

- Completed Signed Renewal Application ☐
- Fee of \$100 – cash or check payable to Town of Weymouth ☐
- A recent front-faced color photograph (passport size photo) ☐
- Submit two forms of identification (e.g. Driver’s License, Passport, etc.) ☐
- Completed Physician’s Statement or copy of recent physical ☐

REMINDERS:

All renewals are due by December 15th. Any applications received after the 15th will receive a late fee of \$25. Any individual that does not renew their license will be considered “operating without a license” and subject to penalties and fines. Electronic applications are not accepted. Our office hours are Monday – Friday, 8:30 am to 4:30 pm.

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Individual Bodywork Therapist Release of Medical Information & Physicians' Statement

To be filled out by applicant:

I _____, authorize _____ to release all relevant health
Applicant Doctor or Physician
information to the Weymouth Health Department for the purpose of applying for a Bodyworks Therapy License pursuant to Board of Health Regulation #33. I certify under the penalty of Perjury, that the information I provided to the medical professional is true and correct. I am aware that the knowing placement of false information on the application or health forms may subject me to civil or criminal penalties. I understand if this form is not completely filled out or I fail to submit any required documentation, I may not be found eligible for an Individual Bodywork Therapist License.

Applicant Signature

Date

To be filled out by physician:

Dear Physician,

Your patient has expressed an interest in obtaining a license to conduct Bodywork Therapy within Weymouth, Massachusetts. Board of Health Regulation #33 requires all applicants to have a physical examination by a licensed physician, to be in good health, to be up-to-date on all required adult immunizations, and free from communicable diseases and/or conditions that may be transmitted due to close physical contact and which may be detrimental to the public's health. Please, complete the attached questionnaire located on the next page.

Thank you for completing this form and feel free to call the Weymouth Public Health Nurse at (781) 340-5008 if you have any questions regarding this request. Statements may be submitted to the Health Department via confidential fax at (781) 682-6121.

Respectfully,

The Weymouth Health Department

Date:

I am a physician in good standing, licensed in the state of _____.
State of Licensure

_____ is my patient, and has been my patient for _____
Applicant

Patient Timeframe

years. I have performed a medical examination within the last six months and have obtained the following results:

Individual appears to be in good health:		Yes	No
To your knowledge, does the individual have any communicable diseases and/or conditions that may be transmitted via close physical contact and which may be detrimental to public health?		Yes	No
TB test administered:		Yes	No
If yes, negative result achieved:	N/A	Yes	No
Individual is up-to-date with adult immunizations:		Yes	No
Date of last physical examination:			

These results are based on my knowledge of the patient to date, as well as, the physical examination performed on the date stated above. *However, the health and/or conditions of the applicant may change at any time in the future.*

Sincerely,

_____, M.D.

State License #: _____

Printed Name of MD: _____

Address: _____

Contact Phone #: _____