

**TOWN OF FRANKLIN**  
**BOARD OF HEALTH**

Bruce J. Hunchard, Chairman  
Dr. Mario DeBaggis, V. Chairman  
Dr. Darrolyn Lindsey, Member  
David E. McKearney, R.S., Health Agent/Director

Municipal Building  
355 East Central Street  
Franklin, MA 02038  
(508) 520- 4905

No. \_\_\_\_\_

Fee \_\_\_\_\_

**MASSAGE ESTABLISHMENT PERMIT APPLICATION**

Name of Applicant \_\_\_\_\_ Age \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Location of Establishment \_\_\_\_\_ Tel.No. \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ AM \_\_\_\_\_ PM

Applicant's Address \_\_\_\_\_

\_\_\_\_\_ Tel.No. \_\_\_\_\_

Education \_\_\_\_\_

Experience \_\_\_\_\_

I hereby, agree to release any court records directly pertaining to me, provided the information obtained is held in confidence.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Board of Health Decision \_\_\_\_\_ Date \_\_\_\_\_

Disapproved by \_\_\_\_\_ Date \_\_\_\_\_

Note: Accredited School and Massachusetts Registration Certificates must be presented to the Board for Photocopies.

A set of floor plans to be submitted with application.

Permits expire on December 31st of each year and must be renewed.