



# Town of Franklin

## HEALTH DEPARTMENT

355 East Central Street  
Franklin, Massachusetts 02038-1352  
p. 508-520-4905 f. 508-520-4989

NEW: Y or N  
RENEWAL: Y or N  
CALENDAR YEAR: \_\_\_\_\_  
FEE AMOUNT: \_\_\$150.00\_\_

### APPLICATION FOR MANICURIST / PEDICURIST SHOP LICENSE

**License Renewal    Operational Change    Change of Ownership    New Business**

**PLEASE PRINT:**

**NAME OF BUSINESS** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**ESTABLISHMENT PHONE #** \_\_\_\_\_ **FAX #** \_\_\_\_\_

**NUMBER OF STATIONS** \_\_\_\_\_

**NAME OF MANAGER / OWNER** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**TOWN** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP**  
**CODE** \_\_\_\_\_

**Please enclose the appropriate licensing fee of**

**Please enclose copies of State Licenses required** \_\_\_\_\_

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**APPLICANT'S SIGNATURE**

**DATE**

**ANY INCOMPLETE INFORMATION WILL DELAY THE LICENSING PROCEDURE AND  
THE OWNER MAY BE SUBJECT TO FINES FOR OPERATING WITHOUT A VALID  
LICENSE.**

**TYPE OF OPERATION WATER SUPPLY (CHECK ONE)**

**PUBLIC WATER**\_\_\_\_\_  
**PRIVATE WELL**\_\_\_\_\_  
**OTHER**\_\_\_\_\_

**SEWAGE DISPOSAL (CHECK ONE)**

**PUBLIC SEWERS**\_\_\_\_\_  
**SEPTIC SYSTEM**\_\_\_\_\_

**HOURS OF OPERATION:**

**MONDAY**\_\_\_\_\_ **TUESDAY**\_\_\_\_\_ **WEDNESDAY**\_\_\_\_\_ **THURSDAY**\_\_\_\_\_

**FRIDAY**\_\_\_\_\_ **SATURDAY**\_\_\_\_\_ **SUNDAY**\_\_\_\_\_