



# Town of Randolph, Massachusetts

## Board of Health

1 Turner Lane

RANDOLPH, MASSACHUSETTS 02368

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TOWN OF RANDOLPH  
INC. 1793

Robert Eldridge, Chairman  
Thomas J. Fisher  
Richard Brown

Ms. P.A. Walker  
Code Enforcement Officer

## APPLICATION FOR MASSAGE THERAPIST

(MASSAGE THERAPIST ONLY)

**A: Definition of services to be provided:** \_\_\_\_\_  
\_\_\_\_\_

**B: 1. Name, residential address and telephone number of applicant:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Mailing address (if different from above):** \_\_\_\_\_

**2. List any nicknames or aliases by which you have been known:** \_\_\_\_\_

**C: Name and addresses of any massage therapy business or establishment owned or operated by you:**

\_\_\_\_\_

**D. Names(s) and address (es) of any massage therapy business (es) or establishment(s) where you will be employed in Randolph:** \_\_\_\_\_

**E. Attach two (2) front-face portrait photographs taken with thirty (30) days of the date of this application and a minimum size of two (2) inches by two (2) inches.**

**F. List the business, occupation, or employment for yourself for the three (3) years immediately preceding the date of application:** \_\_\_\_\_

**G. The massage therapy or similar business license history of the applicant:**

**1. Have you previously operated in this Town or another town or state?**

**Yes { };** if yes, list details: \_\_\_\_\_

Application for Massage Therapist (cont.)

H. Attach written evidence that you are at least twenty (20) years of age.

1. Applicant's height: \_\_\_\_\_ ft. \_\_\_\_\_ in.  
weight: \_\_\_\_\_ lbs.  
Eye color: \_\_\_\_\_  
Hair color: \_\_\_\_\_  
Sex: \_\_\_\_\_

I. Attach copies of your driver's license (if applicable) and social security card.

J. Attach the names, current addresses, and written statements of at least two (2) practicing massage therapists, physical therapists, or physicians, preferably one practicing in Massachusetts, that applicant is professional, ethical, and knowledgeable. The names, current addresses and written statements of at least two (2) bona fide residents of the Commonwealth of Massachusetts, preferably one residing in the Town of Randolph, that the applicant is of good moral character. These references must be persons other than relatives or business associates.

K. Describe any additional skills or qualified applications pertaining to the Massage Therapy profession, not included in Page 1, Section 1, or exempt in Page 1 and 2, Section 2 of the present Massage Therapy Rules and Regulations.

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I hereby declare, under penalty of perjury, that the foregoing information contained in this application is true and correct.

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(Signature of applicant)

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(Date)