



Public Health
Prevent. Promote. Protect.



BRISTOL-BURLINGTON HEALTH DISTRICT
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Healthy People

Healthy Communities

MASSAGE REGISTRATION APPLICATION

For the Town of Burlington, CT

Fees: Annual Registration: \$100 for establishments with less than 4 beds/tables; \$50 for each bed/table thereafter
New Establishment Plan Review fee: \$100

Date: _____ Type of Business: _____
(Massage Only / Physical Therapy/ Physician / Other)

Business Name: _____ Phone # _____

Business Address: _____

Business Owner's Name(s)/ Address/ Phone: _____

Fax: _____ Email: _____

Property Owner's Name/ Address/ Phone (if different): _____

Hours and Days of Operation: _____

Number of Massage Rooms: _____ Number of Massage Tables/Chairs per Massage Room: _____

Is there a sauna/steam room? _____ Are showers provided? _____ If yes, # of showers: _____

Re-usable towels, sheets or linens must be properly washed & sanitized after each customer's use.

Do you provide towels, linens or sheets?: _____. If **yes**, check the following method you plan to use:

____ An approved on-site washing machine using either hot water (min. 160°F) or an approved sanitizer.

____ An off-site commercial laundry-mat (washing at home is prohibited). Provide name: _____

____ An off-site commercial laundry service (pick-up and delivery). Provide service contract.

Provide Names and License #'s of all Massage Therapists/Technicians: _____

Attach copies of all Massage Licenses and of a Government Issued Photo ID to this form.

Under perjury of law and to the best of my knowledge and understanding, the information I provided above is true and accurate. I agree to comply with any federal, state or local laws, regulations or ordinances regarding this facility and operation.

Print Name

Signature

Date

***** Health District Only *****

Date Paid: _____ Amount Paid: _____ Check # _____ Lic # _____ Class# _____