

TOWN OF NORTH ANDOVER
Office of COMMUNITY DEVELOPMENT AND SERVICES
HEALTH DEPARTMENT
1600 OSGOOD STREET; BUILDING 20; SUITE 2-36
NORTH ANDOVER, MASSACHUSETTS 01845



Susan Y. Sawyer, REHS/RS
Public Health Director

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APPLICATION FOR LICENSE TO PRACTICE MASSAGE THERAPY

Date: _____

Name: _____

DBA: _____

Address: _____

Telephone#: _____

E-Mail: _____

To Practice Massage Therapy at: _____
(Name of Licensed Massage Establishment you will practice at)

Location of Business: _____

Telephone# of Business _____

Hours of Operations: _____

SS# or Federal ID# _____

Signature

Printed Name

Note: You are required to notify the Health Department in writing if you move to another Massage Therapy Establishment in North Andover, or if you leave the business.

Fee: \$70.00 Please make check payable to: Town of North Andover
Late fee after January 1st will double the cost - \$140.00

CHECKLIST FOR MASSAGE THERAPIST

Minimum Requirements:

- _____ **Age (21) or older**
- _____ **High School Graduate**
- _____ **Working at Approved Establishment**

Educational Info:

- _____ **Location and Name of School**
- _____ **Diploma / Graduation Certification**
- _____ **Outline of Courses**

Medical:

- _____ **Physical Exam (*within 45 days prior to application*)**
- _____ **Chest X Rays (*within 45 days prior to application*)**

Notes: