



TOWN OF SEEKONK BOARD OF HEALTH

This permit will expire December 31, 20_____

Fee: \$100.00

APPLICATION FOR LICENSE FOR HEALTH CLUB OR SPA

I, _____ hereby apply to the Board of Health of the Town of Seekonk, Massachusetts for a license to operate A Health Club or Spa where therapeutic or conditioning baths of water, vapor or other substances are given.

1. Name and Address of Establishment: _____

2. Email Address: _____
3. Name and Address of Owner:

4. Facilities Available at this Establishment: _____

5. Daily Attendance: _____
7. Number of Lockers: _____

I agree to abide by all the rules and regulations pertaining to this type of establishment as promulgated from time to time by the Board of Health and the Town of Seekonk.

Signature of applicant

Address of applicant

Approved:

Chairman of the Board of Health

Pursuant to M.G.L. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and all state taxes required under law.

Social Security Number or
Federal Identification Number

Signature of Individual or Corporate Name

By: _____
Signature Corporate Officer
(if applicable)