

THE COMMONWEALTH OF MASSACHUSETTS

**Canton Board of Health**  
**79 Pleasant Street, Canton, MA 02021**

**\*\*APPLICATION FOR LICENSES TO PRACTICE MASSAGE\*\***

**PERSONAL INFORMATION**

Date: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_  
Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_  
Number of children \_\_\_\_\_ Dependents other than wife or children \_\_\_\_\_  
Citizen of the U.S.A.: \_\_\_\_\_

Two - 3" x 4" Photo (current)

Trade Name: (if other than name given for purpose of employment) \_\_\_\_\_

**EDUCATION**

Name & Location of High School attended: \_\_\_\_\_  
Years Attended: \_\_\_\_\_ Date Graduated: \_\_\_\_\_  
Name & Location of College attended: \_\_\_\_\_  
Years Attended: \_\_\_\_\_ Date Graduated: \_\_\_\_\_  
Trade, Business, or Correspondence School: \_\_\_\_\_  
Massage Schools attended: \_\_\_\_\_  
Type of Massage to be Practiced: \_\_\_\_\_

**FORMER EMPLOYERS** (List below last 4 employers -Last one first)

<u>Month &amp; Year</u>	<u>Name &amp; Address</u>	<u>Position</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Canton Board of Health  
79 Pleasant Street, Canton, MA 02021**

**\*\*APPLICATION FOR LICENSES TO PRACTICE MASSAGE\*\***

**PREVIOUS ADDRESSES** - List below the addresses for the past two years.

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**PHYSICAL EXAMINATION** - Physical must include results of a mantoux test and a general health statement to be signed by a licensed physician.

Physician's Signature \_\_\_\_\_  
Date \_\_\_\_\_

**REFERENCES** - Give three professional references (Teachers, if none)

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>	<u>Years Known</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**A letter from each above listed reference must accompany this application.**

I hereby authorize investigation of all statements contained in this application.

I understand that misrepresentation or omission of facts called for is cause for revocation of my License to Massage.

I have also read and understand the following Board of Health Regulations pertaining to a License to Massage.

\_\_\_\_\_  
Signature of Applicant

**Canton Board of Health  
79 Pleasant Street, Canton, MA 02021**

**\*\*APPLICATION FOR LICENSES TO PRACTICE MASSAGE\*\***

**LICENSE REQUIRED AND FEE**

No person shall practice massage or conduct an establishment for the giving of Massage for hire or reward, or advertise or hold himself out as being engaged in the business of massage in the Town of Canton without receiving a license therefore from the Canton Board of Health. The license fee for each establishment shall be five hundred (\$500.00) dollars and for each masseur or masseuse shall be fifty (\$50.00) dollars. A license issued to an establishment, masseur or masseuse is not transferable.

**EXPIRATION DATE OF LICENSE**

**Licenses shall automatically expire on December 31 of each year. Applications for renewal must be submitted at least thirty (30) days prior to expiration date.**

**REQUIREMENTS**

1. No person shall be licensed to practice massage or conduct an establishment for giving massage unless they (male or female) meet the following requirements:

- A. Be eighteen (18) years of age or older with proof of birth certificate (NEED COPY OF BIRTH CERTIFICATE).
- B. Be of good moral character.
- C. Submit to the Board of Health a completed application form containing all information requested on said form.
- D. Submit to the Board the results of physical examination and mantoux test completed within one year (1) prior to application for licensing or relicensing.
- E. Must be a graduate of an accredited program and maintain a membership in a professional organization that requires continuing education credits (CEU's) annually.  
Submit (3) Professional references (Teachers, if none; Transcript/Curriculum)
- F. Required to have their own liability insurance.

2. Licensed therapists may now practice in another establishment, at a place of business, and/or private home with same license.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

NAME OF MESSAGE ESTABLISHMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

To: Massage Therapy Applicant

Please find enclosed a Massage Therapy Application package. Following this cover letter is a “Massage Therapy Application” checklist. This checklist will be utilized by the Canton Board of Health, Public Health Nurse during her review of your completed/submitted package. Submission of all items on the checklist is respectfully requested. The application itself requests many of these documents. However, the application is not set up in a list format. We are hopeful the checklist will assist you in submitting a more complete/concise package. Jane Pratt, our Public Health Nurse will be assisting you with any specific questions you may have relating to the Town of Canton Massage Therapy regulations. Jane Pratt can be reached at (781) 821 5021.

Please be aware, you may not practice massage therapy within the Town of Canton until such time as a license permit is issued by the Canton Board of Health and the license is within your possession.

We look forward to working with you to ensure all Board of Health regulations are met and assisting in a smooth licensing process.

FORWARD YOUR COMPLETED DOCUMENTS/PACKAGE TO:  
JANE PRATT, R.N., PUBLIC HEALTH NURSE  
CANTON BOARD OF HEALTH  
PEQUITSIDE FARM  
79 PLEASANT STREET  
CANTON, MA 02021

Phone# (781) 821-5021, FAX# (781) 821-0337

WEB SITE / ON LINE ACCESS:

NOTE: THESE DOCUMENTS CAN BE PRINTED THROUGH THE TOWN OF CANTON WEB SITE  
ADDRESS: [www.town.canton.ma.us](http://www.town.canton.ma.us); select TOWN OFFICES; select BOARD OF HEALTH; select within the forms portion of the screen: MASSAGE THERAPY APPLICATION.

MEETING SCHEDULE - CANTON BOARD OF HEALTH

The majority of the Canton Board of Health meetings are held on the 1<sup>st</sup> Monday of each calendar month. When the following events: Holiday, Local and/or State Election, Annual Town Meeting fall on the 1<sup>st</sup> Monday of the calendar month; the Board of Health meeting would then be scheduled for the 2<sup>nd</sup> Monday of the calendar month.

Meeting Location: Town Hall, 801 Washington Street, Canton, MA 02021 - Salah Meeting room.

Meeting Time: 7:00 pm.

Please dial: (781) 821 5021 to confirm the specific date your completed Massage Therapy license application package will be considered for approval by the Canton Board of Health.

# MASSAGE THERAPY APPLICATION “CHECKLIST”

APPLICANT NAME: \_\_\_\_\_

Establishment: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_

- \_\_\_\_\_ \$50.00 Check - payable to the TOWN OF CANTON
- \_\_\_\_\_ Two photos
- \_\_\_\_\_ Three page application, signed
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Doctor's exam within 1 year
- \_\_\_\_\_ Mantoux results within 1 year
- \_\_\_\_\_ Diploma from accredited Massage School
- \_\_\_\_\_ Official Transcript
- \_\_\_\_\_ Professional organization membership, current
- \_\_\_\_\_ Professional liability insurance certificate, current
- \_\_\_\_\_ Three letters of professional reference, addresses and phone numbers on letters submitted. Letters mailed directly from “reference” to Jane Pratt, Canton Board of Health, 79 Pleasant Street, Canton, MA 02021
- \_\_\_\_\_ Workers compensation form - signed
- \_\_\_\_\_ 12 Hours continuing education
- \_\_\_\_\_ *OR.....*
- \_\_\_\_\_ Massage school graduate within 1 year
- \_\_\_\_\_ Meeting with applicant (Public Health Nurse, Jane Pratt & Applicant to meet)
- \_\_\_\_\_ Meeting with Canton Board of Health (Applicant must attend Canton Board of Health public meeting) Board of Health Meetings held at Town Hall, 801 Washington Street, Canton, MA, 2<sup>nd</sup> Floor, Salah Meeting Room.

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

**CANTON BOARD OF HEALTH REGULATION**

**1.4 PRACTICE OF MASSAGE AND THE CONDUCT OF ESTABLISHMENTS FOR  
THE GIVING OF MASSAGE, VAPOR, POOLS, SHOWER, OR OTHER BATHS**

The following rules and regulations are in addition to Section 31 of Chapter 111, and Sections 51 and 53 of Chapter 140 of the General Laws of the Commonwealth of Massachusetts.

**Section 1: DEFINITIONS** (for the purpose of these regulations)

2. MASSAGE shall mean manipulation or conditioning of the body by manual, mechanical, or other means as a beauty treatment, for purported health or medical treatment or for the purpose of invigoration.
3. ESTABLISHMENT FOR GIVING MASSAGE, VAPOR, POOL, SHOWER, OR OTHER BATHS shall mean the office, place of business, or other premises where massage is practiced or where therapeutic or conditioning baths of water, vapor, or other substances are given.
4. MASSAGE THERAPIST Shall mean a male or female who practices massage.
5. APPROVED Shall mean approved by the Board of Health of the Town of Canton in accordance with accepted standards and regulations.

**Section 2: EXCEPTIONS AND EXCLUSIONS** (for the purpose of these regulations)

6. PERSONS EXCEPTED: Physicians, physical therapists, school athletic trainers, chiropractors or chiropodists (podiatrists) registered in the Commonwealth of Massachusetts are excluded. A person registered as a barber or an apprentice under the provisions of Section 87H or Section 87I of Chapter 112 of the General Laws, or as a hairdresser, operator, or a student under the provisions of Section 87T to 87JJ, inclusive, of Chapter 112 of the General Laws may practice facial and scalp massage without taking out a license.
7. OTHER PERSONS EXCEPTED: A person licensed to practice massage or conduct an establishment in any other City or Town in the Commonwealth may, on written orders from a physician, attend patients specified by the physician, in Canton. They must submit to the Board of Health copies of their license from another community and the physician's orders.
8. ESTABLISHMENT EXCEPTIONS: Hospitals, nursing and convalescent homes, doctors offices, MA licensed physical therapist offices, MA licensed chiropractors offices and other similar licensed institutions where massage and baths may be given are excluded from the definition of an establishment.

**CANTON BOARD OF HEALTH REGULATION**

**1.4 PRACTICE OF MASSAGE AND THE CONDUCT OF ESTABLISHMENTS FOR  
THE GIVING OF MASSAGE, VAPOR, POOLS, SHOWER, OR OTHER BATHS**

(CONTINUED)

**Section 3: LICENSE REQUIREMENTS**

No person shall practice massage or conduct an establishment for the giving of massage, vapor, pool, shower, or other baths for hire or reward, or advertise or hold themselves out as being engaged in the business of massage or the giving of said baths in the Town of Canton without receiving a license from the Canton Board of Health. A license issued to an establishment or massage therapist is not transferable.

**Section 4: EXPIRATION DATE OF LICENSE**

Licenses shall automatically expire on December 31st of each year. Applications for renewal must be submitted at least thirty (30) days prior to expiration date.

**Section 5: REQUIREMENTS FOR PERSONAL LICENSING**

1. No person shall be licensed to practice massage or conduct an establishment for giving massage, vapor, pool, shower, or other baths unless they (male or female) meet the following requirements:
  - A. Be eighteen (18) years of age or older with proof of birth Certificate.
  - B. Be of good moral character.
  - C. Submit to the Board of Health a completed application form containing all information requested on said form.
  - D. Submit to the Board the results of a physical examination and a Mantoux Test completed within \*one year prior to application for licensing or relicensing.
  - E. Must be a graduate of an accredited program and maintain a membership in a professional organization that requires continuing education credits (CEU's) annually. Submit 3 letters of recommendations of a professional nature (Teacher, if none).  
Transcript/Curriculum
  - F. Required to have their own liability insurance.

\*REVISED TO ONE YEAR PER ATTACHED POLICY DATED DEC. 15, 2003.

**CANTON BOARD OF HEALTH REGULATION**

**1.4 PRACTICE OF MASSAGE AND THE CONDUCT OF ESTABLISHMENTS FOR  
THE GIVING OF MASSAGE, VAPOR, POOLS, SHOWER, OR OTHER BATHS**

(CONTINUED)

2. Licensed therapists may now practice in another establishment, at a place of business, and/or private home with same license.

**Section 6: TEMPORARY LICENSES**

A temporary license may be issued for a period not to exceed sixty (60) days, which will not be renewable.

**Section 7: REQUIREMENTS FOR LICENSING OF AN ESTABLISHMENT**

Every establishment for the giving of massage, vapor, pool, shower, or other baths shall meet the following standards:

1. It shall be connected to the public sewerage system.
2. It shall be well lit, well ventilated, and properly heated when seasonally indicated.
3. No room used by a licensee in conduct of his or her business shall be used as a bedroom.
4. There shall be an adequate supply of hot and cold running water.
5. There shall be approved toilet and washing facilities within the premises, readily available to the patrons and affording sufficient privacy.
6. Where patrons of both sexes are accommodated, adequate arrangements shall be made for separation of rooms, toilets, and washing facilities used by each sex.
7. All rooms of the establishment and furniture and equipment therein shall be kept clean at all times.
8. Each room or enclosure used for the giving of massage services shall have at least one artificial light.
9. There shall be adequate facilities for the cleaning and sterilizing of all equipment.
10. All equipment, instruments, devices, robes, sheets, blankets, pillow cases, wearing apparel, towels, or other materials which may come in direct contact with the body shall be properly cleaned and sterilized.
11. No food shall be permitted for sale on the premises without special permit from the Board of Health.



**CANTON BOARD OF HEALTH REGULATION**

**1.4 PRACTICE OF MASSAGE AND THE CONDUCT OF ESTABLISHMENTS FOR  
THE GIVING OF MASSAGE, VAPOR, POOLS, SHOWER, OR OTHER BATHS**

(CONTINUED)

12. No establishment for the practice of massage or baths as defined herein shall be kept open between the hours of 11 P.M. and 7:00 A.M. unless specifically authorized by the Board of Health in writing.

**Section 8: DIRECT APPLICATION OF INSTRUMENTS TO SKIN PROHIBITED**

No instrument or device designed or used for direct application to the skin shall be applied directly to the skin unless sterilized; the part of the body being treated shall be covered with a clean towel, or else the instrument shall be covered in a similar manner.

**Section 9: TREATMENT OF WOUNDS PROHIBITED**

No sponge, stick, alum, or other article liable to convey infection shall be used to make application directly to the skin or any cut or wound.

**Section 10: TREATMENT OF PERSONS WITH SKIN DISEASE PROHIBITED**

No person licensed shall treat any person afflicted with any skin eruption or other disease unless such person shall have furnished a written certificate from a physician to the effect that the eruption or disease is not of a contagious or transmissible character.

**Section 11: CLEANING OF HANDS**

Every person licensed to practice massage shall thoroughly cleanse his or hands by washing with soap and hot water immediately before serving a patron.

**Section 12: DISPLAY OF LICENSE**

Every licensed establishment must display in a conspicuous location the licenses of all licensees operating in the establishment. Picture badge identification must be worn by all employees of the establishment. A list of names and addresses of all employees of the establishment shall be submitted to the Board of Health. Additions and/or deletions may be made on a monthly basis.

**CANTON BOARD OF HEALTH REGULATION**

**1.4 PRACTICE OF MASSAGE AND THE CONDUCT OF ESTABLISHMENTS FOR  
THE GIVING OF MASSAGE, VAPOR, POOLS, SHOWER, OR OTHER BATHS**

(CONTINUED)

**Section 13: DESIGNATION OF NAME**

No licensed person shall operate under any name or conduct his or her business under any designation not specified on his or her license.

**Section 14: USE OF X-RAY PROHIBITED**

No licensee may operate an x-ray, fluoroscope, or similar equipment or radioactive material for any purpose unless already licensed by the Commonwealth of Massachusetts to practice a profession requiring the use of radiation equipment. No licensed establishment may contain an x-ray, fluoroscope, or similar equipment unless this equipment is operated only by persons properly licensed to practice a profession requiring the use of such equipment.

**Section 15: CHANGE OF ADDRESS**

Every licensee shall notify the Board of Health prior to any change of name, home address or business address. Any new license, or amendment to an existing license, required because of the foregoing may be issued without charge at the discretion of the Board of Health.

**Section 16: INSPECTIONS**

Every licensee shall permit the Board of Health or its agents or other Town authorities acting in an official capacity to inspect his or her place of business and his or her work at any reasonable time.

**Section 17: RECORDS**

Records will be kept and made available to the Board of Health, specifying the patron's name and name of the person performing the massage.

**Section 18: PENALTIES**

Whoever violates any provisions of these rules or regulations shall be punished by a fine of not more than one hundred (\$100.00) dollars or imprisonment for not more than six (6) months, or both, in accordance with MGL Chapter 140, Section 53.

**Section 19: HEARINGS IN CASE OF SUSPENSION OR REVOCATION OF LICENSE**

A person whose license has been suspended or revoked may request in writing, within ten (10) days of the suspension or revocation of his or her license, a hearing upon the cause or causes of such suspension or revocation. The Board of Health may set a time and place for said hearings.

# Town of Canton, Massachusetts

## BOARD OF HEALTH 79 Pleasant Street Canton, Massachusetts 02021

Tel.: (781) 821-5021  
Fax: (781) 821-0337

**Director of Public Health**  
John L. Ciccotelli, R.S., C.H.O.

**At its December 15, 2003 meeting, the Canton Board of Health voted to institute the following policy related to the number of continuing education credits or contact hours required by the Board of Health Massage Therapy Regulation promulgated pursuant to MGLc 111, § 31 and MGLc 140, §§ 51 and 53, and clarification of its requirement for a massage establishment license in instances where a massage therapist is practicing massage therapy in a space that is rented in an establishment that does not require a Massage Establishment License or one which has previously been licensed through the Board of Health. Additionally, the Board of Health is allowing an extension in the length of time in which a Mantoux Test may be acceptable, between the date of the test and the date the test results are acceptable to the Board for the purpose of applying for a massage therapy permit:**

### POLICY

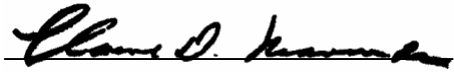
1. As an addendum to the Board of Health (Board) regulations titled, "practice Of Massage and the Conduct of Establishments for the Giving of Massage, Vapor, Pools, Shower, or Other Baths" (Regulation), the Board requirement for the minimum number of continuing education units (CEU) shall be equal to 12 contact hours per year of credit by a professionally recognized massage therapy organization, accredited school of massage or accredited school with a course of study recognized by professional massage therapy organizations at an accredited school of study.
2. Under this policy, licensed massage therapists who practice in an office which is exempt from the provisions of section 2.8 of the Regulation which states, "ESTABLISHMENT EXCEPTIONS: Hospitals, nursing and convalescent homes, doctors offices, MA licensed physical therapist offices, MA licensed chiropractors offices and other similar licensed institutions where massage and baths may be given are excluded from the definition of an establishment", or in a facility previously licensed as a massage establishment, and who rent space from that facility or are not directly employed by the business to which the exemption has been granted or by the holder of the Massage Establishment Permit, shall obtain a separate Massage Establishment Permit prior to practicing massage therapy in the Town of Canton.

Massage Therapy Policy

3. In lieu of the Regulation requirement to have Mantoux Tests administered within forty-five (45) days of the date of applying for a Massage Therapy License, the Board of Health may, for the purpose of processing the license application, accept the results of Mantoux Tests which are up to one (1) year old between the date the tests were administered and the date of the application.

The Board may waive any section of the Policy as it deems appropriate.

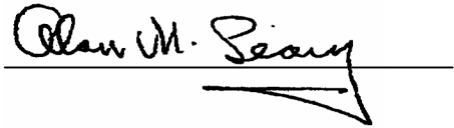
Signed:



Claire D. Maranda, Chairperson



James N. Marathas, Vice-Chairman



Alan M. Leary, Clerk  
Board of Health

TO: MESSAGE THERAPY LICENSE/PERMIT APPLICANTS

FROM: CANTON BOARD OF HEALTH

RE: WORKERS COMPENSATION AFFIDAVIT FORM

Please find enclosed a Commonwealth of Massachusetts, Workers Compensation Affidavit form. The State requires the Canton Board of Health to keep on file a completed "Workers Compensation Affidavit" form for any permit/license which it issues.

Upon being issued a license from the Canton Board of Health to practice massage therapy, the Board is issuing a license/permit to you to practice massage therapy. As a result, it is required you fill out the "Workers Compensation Affidavit" form. The Establishment which you may be working out of has already been requested and has completed a Workers Compensation Affidavit for their Establishment license/permit.

NOTES RELATING TO COMPLETION OF FORM:

Please note you will see a section on the form which asks:

ARE YOU AN EMPLOYER? CHECK THE APPROPRIATE BOX:

There is presently an option #2 within the "Are you an employer? Check the Appropriate Box:" portion of the form which states "2. ? I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]."

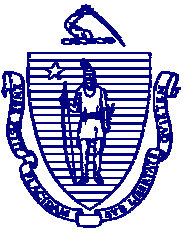
This does appear to be the selection of choice by most individuals who apply for a license/permit to practice massage therapy.

BUSINESS TYPE (required):

Most individuals issued massage therapy license permits are selecting: "12. ? Other \_\_\_\_\_ and filling in "Massage Therapy".

Please ensure your signature is placed on the lower section of the form before returning the completed form to the Canton Board of Health.

Thank you.



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: General Businesses**

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- 1.  I am a employer with \_\_\_\_\_ employees (full and/ or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
- 4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

- 5.  Retail
- 6.  Restaurant/Bar/Eating Establishment
- 7.  Office and/or Sales (incl. real estate, auto, etc.)
- 8.  Non-profit
- 9.  Entertainment
- 10.  Manufacturing
- 11.  Health Care
- 12.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

*Official use only. Do not write in this area, to be completed by city or town official.*

City or Town: Canton Permit/License # BHF

**Issuing Authority (circle one):**

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
- 6. Other \_\_\_\_\_

Contact Person: Diane J. White Phone #: 781-821-5021

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)