

**MESSAGE ESTABLISHMENT PERMIT
NEW BUSINESS**

Application fee: \$100.00

Make check payable to: **Town of Pembroke**

The Commonwealth of Massachusetts
Town of Pembroke

APPLICATION FOR PERMIT

Application Date: _____

Business name: _____

Business address: _____

Business telephone: _____

If applicant is a partnership – names, addresses and telephone of all partners:

1. _____

2. _____

3. _____

4. _____

If applicant is a Corporation – name, address and telephone of corporation:

Full name, address and telephone:

President: _____

Treasurer: _____

Clerk: _____

Number of employees: _____

Names of employees practicing massage at your establishment::

Applicant signature: _____

I/We, the undersigned, confirm that all employees working at this company who give massage have a current license with the Town of Pembroke.

(Signature, Business Owner(s))