



INSPECTIONAL SERVICES DEPARTMENT

BATH ESTABLISHMENT

To obtain a license from the Boston Inspectional Services Department, Division of Health Inspections, you must provide the following:

1. Proof of authority to do business in Massachusetts, (Boston Business Certificate and/or Article of Incorporation or Partnership.)
2. Two passport size photographs (2" x 2") of applicant.
3. Written proof of age (birth certificate, driver's license and passport.)
4. Zoning clearance (Certificate of Occupancy) Boston Inspectional Services, Zoning Division.
5. New establishments must provide four copies of plans and request an appointment for review by contacting the office directly and speaking with a supervisor at (617) 635-5326.
6. A Health Division Application,
7. Cori Application,
8. Pay the annual license fee of \$200.

Applications are accepted Monday through Friday, 8am-3:30pm



INSPECTIONAL SERVICES DEPARTMENT

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Applicant's Full Name _____ Date _____

Home Address _____
Number Street City State Zip code

Home Phone Number _____ Business Phone Number _____

Email: _____

Business Name _____

Business Address _____
Number Street City State Zip code

If a corporation or partnership, please provide name, title and home address of officers, partnerships, stockholders with 10% or more of stock.

Name of Corporation or Partnership _____

Name/Title _____

Home Address/Phone Number _____

Name of corporation or partnership _____

Name/Title _____

Home Address/Phone Number _____

Name of corporation or partnership _____

Name/Title _____

Home Address/Phone Number _____

State of Incorporation _____

Tax Number _____

Articles of incorporation or partnership submitted: Yes ___ No ___

Boston Business Certificate submitted: Yes ___ No ___

Zoning/Building Department approval: Yes ___ No ___

1010 MASSACHUSETTS AVE., 4TH FLOOR, BOSTON, MA, 02118 •Tel. (617) 635-5326 •Fax: (617) 635-5388

Email: ISDHealth@boston.gov Website: www.boston.gov

All residential addresses of applicant for the past five (5) years:

D.O.B _____ Age ____ Sex ____ Height ____ Weight ____ Hair Color ____ Eye Color _____

Two (2) photographs 2" x 2" of applicant for past three (3) years:

Former occupations of applicant must be submitted: Yes ____ No ____

Occupation	Name of business & address	Bath Experience
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List all **criminal convictions, forfeiture of bond, or plea or nolo contendere**, excluding traffic, misdemeanor or infraction violations:

Has any agency, board, city, county or state suspended or revoked any license or permit you hold?

Yes ____ No ____

If yes, explain:

I authorize and release the Department to seek information or references necessary to verify the information contained in this application:

Signature of Applicant

Social Security Number

I certify under penalty of perjury that all information contained in the application is true and correct. **Any misstatements in this application are grounds for refusing to issue or revocation of any licensed issued.**

Signature of Applicant

Social Security Number



INSPECTIONAL SERVICES DEPARTMENT

CORI REQUEST FORM

Boston Inspectional Services has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information is correct to the best of my knowledge.

Last Name	First Name	Middle Name
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_____	_____
Maiden Name or Alias (if applicable)	Place of Birth

Date of Birth _____ Last six (6) Digits of Social Security # _____ - _____

Father's Name _____

(First)	(Last)
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Mother's Maiden Name _____

(First)	(Last)
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Mother's Married Name _____

(First)	(Last)
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Current and Former Addresses

Sex _____ Race _____

State Driver's License Number

Applicant/Employee Signature _____

The information was verified with the following form of Government issued photographic identification:

Requested by
(Signature of Cori Authorized Employee)