



Inspectional Services

Michelle Wu, Mayor

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 4 copies plan and request an appointment for review by contacting the office directly and speaking with a supervisor at 617-635-5326.
6. Complete a Health Division application. The CORI application **must** be completed. Applications are accepted Monday through Friday, 8:00 am- 3:30 pm. **All required documents must be submitted with completed application.**
7. Bath establishment license fee is \$200.00 annually.



檢驗服務部

Michelle Wu, Mayor

浴室建造公司

如需獲取波士頓檢驗服務部健康分部的執照，您必須提供以下文件：

1. 在麻薩諸塞州經營業務授權證明(波士頓營業許可證及/或公司或合作關係章程)。
2. 申請人兩張護照相片尺寸的相片(2 x 2 英寸)。
3. 年齡書面證明(出生證、駕照及護照)。
4. 波士頓檢驗服務部區劃管理分部頒發的區劃許可證(居住證)。
5. 新公司必須提供 4 份計劃，並申請審查預約，方法是直接與辦公室聯繫，並與主管通話，電話號碼 617-635-5326。
6. 填寫健康分部的申請表。必須填寫 CORI 申請表。可在星期一至星期五上午 8:00 至下午 3:30 接受申請表。必須隨填妥的申請表一起提交**所有**要求提供的文件。
7. 浴室建造公司執照申請費為每年 \$200.00。



Inspectional Services/檢驗服務部

Michelle Wu, Mayor

Applicant's Full Name: _____ Date: _____
申請人全名: _____ 日期: _____

Home Address: _____
家庭地址: No./門牌號碼 Street/街道 Town/City/城鎮/城市 State/州 Zip/郵遞區號

Home Phone No: _____ Business Phone No: _____
家庭電話號碼: _____ 工作電話號碼: _____

Email: _____
電子郵件: _____

Business Name: _____
企業名稱: _____

Business Address: _____
企業地址: No./門牌號碼 Street/街道 Town/City/城鎮/城市 State/州 Zip/郵遞區號

If a corporation or partnership, please give name, title and home address of officers, partnerships, Stock holders with 10% or more of the stock.

如果是公司或合作關係, 請列出**管理人員**的姓名、職稱及家庭地址、合作關係、持有 **10%** 或以上股票的股東。

Name of Corporation or Partnership: _____
公司或合作關係名稱: _____

Name/Title: _____
姓名/職稱: _____

Home Address: _____ Phone No.: _____
家庭地址: _____ 電話號碼: _____

Name/Title: _____
姓名/職稱: _____

Home Address: _____ Phone No.: _____
家庭地址: _____ 電話號碼: _____

State of Incorporation: _____ Tax Number: _____
公司註冊所在州: _____ 稅收號碼: _____

Articles of incorporation or partnership submitted: Yes: _____ No: _____
已送交公司或合作關係章程: 是: _____ 否: _____

Boston Business Certificate submitted: Yes: _____ No: _____
已送交波士頓營業許可證: 是: _____ 否: _____

Zoning/Building Department approval: Yes: _____ No: _____
區劃管理/建築部批准: 是: _____ 否: _____

All residential addresses of applicant for the past five (5) years:
申請人過去五(5)年的所有居住地址:

D.O.B: _____ Age: _____ Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
出生日期: _____ 年齡: _____ 性別: _____ 身高: _____ 體重: _____ 頭髮顏色: _____ 眼睛顏色: _____

Two (2) photographs 2" x 2" of applicant must be submitted: Yes: _____ No: _____
必須提交申請人的兩(2)張 2 x 2 英吋的相片: 是: _____ 否: _____

Former occupations of applicant for past three (3) years:
申請人過去三(3)年從事的職業:

Occupation 職業	Name of business & address 企業名稱及地址	Bath Experience 浴室建造經驗
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List all criminal convictions, forfeiture of bond, or plea of nolo contendere, excluding traffic, misdemeanor or infraction violations:

請列出所有刑事定罪、不履行保證書的罰金或不辯護也不認罪答辯, 不包括交通違規、輕罪或違規行為:

Have you had any license or permit suspended or revoked by any agency or board, city, county or state?
您是否曾經被任何機構或董事會、城市、縣或州暫停或吊銷任何執照或許可證?

Yes: _____ No: _____
是: _____ 否: _____

If yes, explain:

如果回答「是」, 請解釋:

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

我授權及允許檢驗服務部查找對確認本申請表中包含的資訊必要的資訊或參考資料:

Signature of Applicant

申請人簽名

Social Security Number

社會安全號碼

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 for revocation of any license issued.

我確認, 本申請表中包含的所有資訊均準確無誤, 如有虛假願受作偽證之處罰。本申請表中的任何虛假陳述均構成拒絕頒發任何執照或撤銷任何已頒發執照之理由。

Signature of Applicant

申請人簽名

Social Security Number

社會安全號碼



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CORI REQUEST FORM/CORI 申請表

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 below is correct to the best of my knowledge.

波士頓檢驗服務部已獲得犯罪記錄系統局認證，可查閱定罪及待判決刑事案件資料。作為 _____ 的申請人/僱員，我理解，將進行犯罪記錄核查，僅查看定罪及待判決刑事案件資訊，不一定會取消我的資格。據我所知，以下資訊準確無誤。

Applicant/Employee Signature

申請人/僱員簽名

LAST NAME

姓

FIRST NAME

名

MIDDLE NAME

中間名

MAIDEN NAME OR ALIAS (IF APPLICABLE)

婚前姓或別名(如適用)

PLACE OF BIRTH

出生地

DATE OF BIRTH:

出生日期:

LAST 6 DIGITS OF SOCIAL SECURITY#:

社會安全號碼最後 6 位數:

FATHER'S NAME:

父親姓名:

(FIRST)

(名)

(LAST)

(姓)

MOTHER'S MAIDEN NAME:

母親的婚前姓名

(FIRST)

(名)

(LAST)

(姓)

CURRENT AND FORMER ADDRESSES:

目前及以前的地址:

SEX: _____ RACE: _____

性別: _____ 種族: _____

STATE DRIVER'S LICENSE NUMBER: _____

州駕照號碼:

*THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

*資訊經由以下政府頒發的附照身份證確認:

REQUESTED BY: _____

請求提供資訊的人:

SIGNATURE OF CORI AUTHORIZED EMP

CORI 經授權僱員簽名