



Town of Oxford

Application to Establish a Massage Therapy Facility

Name of Establishment: _____

Address of Establishment: _____

Company Phone Number: _____

Owner Name: _____

Owner Address: _____

If corporation or partnership, please list the names and addresses of all officers:

Emergency Contact: _____ Telephone: _____

Attach copy of facility floor plan

APPLICATION FEE - \$75.00 (Due upon application)

Applicant Signature _____ Date _____

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The Massachusetts Enforcement and Protection Program, Statute 1983, and the emergency regulations implemented thereunder by the Commissioner of Revenue, 830 Code of Massachusetts Regulations 62C.47, require the Town of Oxford to furnish certain information to the Department of Revenue.

Any person who is applying for a right or license to conduct a profession, trade or business, or for renewal thereof, must certify under the penalties of perjury upon such application, that he/she has complied with all the laws of the Commonwealth relative to taxes Said license or renewal may not be issued without such certification.

“Pursuant to M.G.L., Chapter 62C, Section 49A, I certify under the penalties of perjury, that I, to best of my knowledge and belief, have filed all state taxes required by law.”

Social Security/Federal ID Number

Signature