**TOWN OF UXBRIDGE**
**B O A R D  O F H E A L T H**
**TOWN HALL**
**21 SOUTH MAIN STREET**
**UXBRIDGE, MA 01569**
**508-278-8600 x 8  Fax (631)223-4307**
**boh@uxbridge-ma.gov**

# APPLICATION
# PRACTITIONER OF REFLEXOLOGY OR ASIAN BODYWORK APPLICATION FOR PERMIT/RENEWAL

**$100.00 Per Year** (Non-refundable fee due upon approval of application/renewal)

Date: _____

Name: _____ Telephone: _____

Home Address: _____
Street City/Town State Zip Code

Email Address:_____

Employed at: _____

Phone: _____ Address: _____

_____

Are you Nationally Certified? Circle YES or NO

Type of Certification: _____ Number: _____

Are you Licensed/Permitted in any other state? Circle YES or NO

If you are licensed in another city of state, complete the following:

City or State: _____ Type of License: _____

Expiration Date: _____

_____

Pursuant to M.G.L. Chapter 62C Section 47A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state returns and paid all state taxes required under law.

Signature of Applicant: _____ Date:_____

Social Security Number:_____