



**APPLICATION FOR MANICURIST/ PEDICURIST SHOP LICENSE**  
**License Renewal Operational Change Change of Ownership New Business**

**PLEASE PRINT:**

NAME OF BUSINESS \_\_\_\_\_ NUMBER OF STATIONS \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 ESTABLISHMENT PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

**Please Indicate Business Mailing Address If Different From Above:**

MAIL TO \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_  
 TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

NAME OF MANAGER / OWNER \_\_\_\_\_ PHONE \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

I have enclosed the appropriate licensing fee of \$ \_\_\_\_\_  
 All Employees Have State licenses Required (Attach copies) \_\_\_\_\_

**APPLICANT'S SIGNATURE DATE:**

\_\_\_\_\_

Any incomplete information will delay the licensing procedure, and the owner may be subject to fines for operating without a valid license.

**TYPE OF OPERATION WATER SUPPLY (check one)**

PUBLIC WATER  
 PRIVATE WELL  
 OTHER \_\_\_\_\_

**SEWAGE DISPOSAL (check one)**

PUBLIC SEWERS  
 SEPTIC SYSTEM

**HOURS OF OPERATION**

MONDAY \_\_\_\_\_  
 TUESDAY \_\_\_\_\_  
 WEDNESDAY \_\_\_\_\_  
 THURSDAY \_\_\_\_\_  
 FRIDAY \_\_\_\_\_  
 SATURDAY \_\_\_\_\_  
 SUNDAY \_\_\_\_\_

**Franklin Board of Health**

355 East Central Street  
 Franklin, MA 02038-1352  
 (508) 520-4905  
 FAX (508) 520-4989  
 WEB: www.franklin.ma.us

LICENSE FEE \$136.<sup>00</sup>  
 PAID YES NO