



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

➔ 150 Emmons Street Franklin, Ma 02038
 Phone (508) 520-4905 . Fax (508) 520-4989
 "Promoting Health & Preventing Disease"

LICENSE FEE _____
 PAID YES NO _____