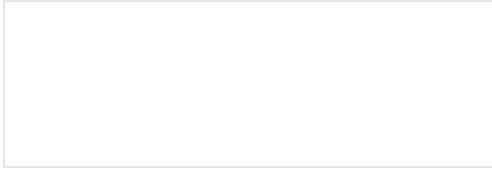


**BUCKS COUNTY DEPARTMENT OF HEALTH**  
**APPLICATION FOR MASSAGE THERAPY ESTABLISHMENTS**



Make check payable to: **Bucks County Department of Health**  
Mail to: **1282 Almshouse Road**  
**Doylestown, PA 18901**

**Fee required: \$100.00 – One Therapy Room**  
**\$200.00 – Two Therapy Rooms**  
**\$300.00 – Three or more Therapy Rooms**

*If mailing label is incorrect, please make corrections below.*

**Massage Therapy Establishment Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Street City/Town Zip

**Website of Establishment:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

**Authorized Contact/ background check:**

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Street City/Town Zip

**Email Address:** \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

1. **Massage Therapy Establishment:** Existing  or Proposed

2. **Water Supply:** Private  or Public  \_\_\_\_\_  
Municipal Authority Name

**Note:** If you are not required to sample your water by the PA DEP, please attach a copy of your required Bucks County Department of Health water test results. (Applies to well water only.)

3. **Sewage Disposal:** On-lot Sewage System  or Public Sewers  \_\_\_\_\_  
Municipal Authority Name

4. **Refuse/Trash Disposal Pick-up:** \_\_\_\_\_  
Name of Trash Hauler

5. **Do you plan to expand the Massage Therapy Establishment area this year?** Yes  No

**Note:** Plans are required to be submitted with application for a new or expansion of an existing Massage Therapy Establishment.

6. **Attach all that apply:**

Price sheet of services

All employees' PA license or certification as a massage therapist

PA background check of the owner of the business is required

Go to [www.epactch.state.pa.us](http://www.epactch.state.pa.us).

**(See reverse side)**

7. Total Number of Licensed Massage Therapists: \_\_\_\_\_

8. List all Licensed Massage Therapists and License Number:

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**\*\*\*\*\*APPLICATION MUST BE SIGNED AND DATED OR IT WILL BE RETURNED\*\*\*\*\***

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_