



TOWN OF MILFORD
BOARD OF HEALTH
Milford Town Hall 52 Main Street, Milford MA
01757
Phone (508) 634-2315 Fax (508) 473-1380

APPLICATION FOR PERMIT TO OPERATE A GYM/FITNESS CENTER

Annual Permit Fee \$100 (Payable to the Town of Milford)
APPLICATION FEES ARE NON-REFUNDABLE

Name of Establishment: _____

Business Address: _____

Mailing Address (If Different): _____

Name & Title of Applicant: _____

Owner Name (If Different from Applicant): _____

Owner Address: _____

Phone #: _____ Email: _____

If corporation or partnership, give name, title & home address of partners/officers

NAME	TITLE	HOME ADDRESS
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_____	_____	_____
_____	_____	_____

State of Corporation: _____

Emergency Response Person: _____

Contact Information: _____

Additional Information: _____

Days & Hours of Operation: _____

Name & Address of Local Agent: _____

Person trained in First-Aid and CPR Certified

Name: _____

Date Certification Expires: _____

MUST BE AVAILABLE DURING HOURS OF OPERATION

Is approved First Aid Kit Available *Yes* *No*

Is Automatic External Defibrillator (AED) available *Yes* *No*

Person trained in use of AED *Yes* *No* *Date Certification Expires:*

MUST BE AVAILABLE DURING HOURS OF OPERATION

I have read and I understand the regulations passed by the Milford Board of Health entitled

"Regulations for GYMS/FITNESS CENTERS" INITIALS:

I understand that the Town of Milford Board of Health will conduct frequent inspections to

ensure compliance with these regulations. INITIALS: _____

Signature of Applicant _____

Pursuant to M.G.L. CH62C, SECT. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

I verify that I have read the Northbridge Board of Health rules and regulations governing Body Art and agree to abide by them.

Social Security Number or
Federal Identification Number

Signature of Individual or Corporate Name

Date

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if applicable)

**Social Security Number (Voluntary) or Federal Identification Number

* This license/permit will not be issued unless this certification clause is signed by the applicant.

** Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Laws Chapter 62C, Section 49A.