



## Inspectional Services

Michelle Wu, Mayor

### **BATH ESTABLISHMENT**

To obtain a license from the Boston Inspectional Services Department, Division of Health Inspections, you must provide the following:

1. Proof of authority to do business in Massachusetts, (**Boston Business Certificate and/or Article of Incorporation or Partnership**).
2. Two passport size photographs (2" x 2") of applicant.
3. Written proof of age (**birth certificate, driver's license, and passport**).
4. Zoning clearance (**Certificate of Occupancy**) Boston Inspectional Services, Zoning Division.
5. New establishments must provide 4 copies plan and request an appointment for review by contacting the office directly and speaking with a supervisor at 617-635-5326.
6. Complete a Health Division application. The CORI application **must** be completed. Applications are accepted Monday through Friday, 8:00 am- 3:30 pm. **All required documents must be submitted with completed application.**
7. Bath establishment license fee is \$200.00 annually.



## *Servisus di Inspeson*

*Martin J. Walsh, Mayor*

### *STABLISIMENTU DI BALNIÁRIU*

*Pa konsigui un lisensa di Sekretaria di Saudi dentu di Departamentu di Servisus di Inspeson di Boston (Boston Inspectional Services Department, Division of Health Inspections), bu ten ki da:*

- 1. Prova di autorizason pa ten negosiu/enpreza na Massachusetts, (Boston Business Certificate, sertifikadu di negosiu/enpreza pasadu pa Boston, y/o Article of Incorporation or Partnership, dokumentu di rejistu di konpanhia o sosiadadi).*
- 2. Dos (2) fotografia di tamanhu pa passaporti (mididas 2" x 2") di rekerenti.*
- 3. Prova di idadi na un dokumentu skritu (sertidon di nasimentu, karta di konduson o passaporti).*
- 4. Dokumentu pa konfirma autorizason pa uzu di proprietadi (Certificate of Occupancy) pasadu pa Boston Inspectional Services, Zoning Division.*
- 5. Stablisimentus nobus ten ki presenta kuartu (4) kópia di planu y rekerenti ten ki telefona pa sekretaria pa nunbru 617-635-5326, pidi pa papia diretamenti ku un supervisor pa marka un data pa revizion.*
- 6. Prienxi un rekerimentu di Sekretaria di Saudi. Rekerimentu di Rejistu Kriminal (txomadu CORI) ten di ser kompletadu. Rekerimentus ta setadu di Segunda-fera pa Sexta-fera, di 8 ora di plamanhan pa 3:30 di tardi. Tudu dokumentu pididu ten di ser entregadu djuntu ku rekerimentu prienxidu.*
- 7. Lisensa pa stablisimentu di balniárius ta kusta \$200.00 pa anu.*



# Inspectional Services/ *Servisus di Inspeson*

Martin J. Walsh, Mayor

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Applicant's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Nomi Konpletu di Rekerenti: Data:*

Home Address: \_\_\_\_\_  
*Enderesu di Kaza: No. / N° Street/Rua Town/City/ Vila/Sidadi State/ Stadu Zip/Kodigu Postal*

Home Phone No: \_\_\_\_\_ Business Phone No: \_\_\_\_\_  
*N° Telef. di Kaza: N° Telef. di Konpanhia:*

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

Business Name: \_\_\_\_\_  
*Nomi di Konpanhia:*

Business Address: \_\_\_\_\_  
*Enderesu di Konpanhia: No. / N° Street/Rua Town/City/ Vila/Sidadi State/ Stadu Zip/Kodigu Postal*

**If a corporation or partnership, please give name, title and home address of officers, partnerships, Stock holders with 10% or more of the stock.**

*Na kazu di un korporason/konpanhia o sosiadadi, nu na pidi nomi, titlu y enderesu di kaza di direktoris izekutivu, sosiadadis y asionistas ku pelu menus 10% di ason.*

Name of Corporation or Partnership: \_\_\_\_\_  
*Nomi di Korporason o Sosiadadi*

Name/Title: \_\_\_\_\_  
*Nomi/Titlu:*

Home Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
*Enderesu di Kaza: N° Telef.:*

Name/Title: \_\_\_\_\_  
*Nomi/Titlu:*

Home Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
*Enderesu di Kaza: N° Telef.:*

State of Incorporation: \_\_\_\_\_ Tax Number: \_\_\_\_\_  
*Konpanhia/korporason Nunbru di Kontribuinti Stadu di Registu di*

Articles of incorporation or partnership submitted: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
*Artigus di rejistu di korporason o sosiadadi submitidu: Sin: Nau:*

Boston Business Certificate submitted: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
*Sertifikadu di Negosiu di Boston submitidu: Sin: Nau:*

Zoning/Building Department approval: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Aprovason di Departamentu di Zona/Idifisiu:

Sin:

Nau:

All residential addresses of applicant for the past five (5) years:

Tudu enderesu di kaza di rekerenti na último sinku (5) anu:

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D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
D.D.N: \_\_\_\_\_ Idadi: Sexu: \_\_\_\_\_ Altura: \_\_\_\_\_ Pezu: \_\_\_\_\_ Kor di Kabelu: \_\_\_\_\_ Kor di Odju: \_\_\_\_\_

Two (2) photographs 2" x 2" of applicant must be submitted: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Dos (2) potografía di 2" x 2" di rekerenti ten di ser submitidu: Sin: \_\_\_\_\_ Nau: \_\_\_\_\_

Former occupations of applicant for past three (3) years:

Prufisson/okupason anterior di rekerenti na último tres (3) anu

Occupation

Name of business & address

Bath Experience

Prufisson

Nomi di konpanhia & enderesu

Speriênsia na Ramu di Balniáriu

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List all criminal convictions, forfeiture of bond, or plea of nolo contendere, excluding traffic, misdemeanor or infraction violations:

Lista di tudu kondenason kriminal, perda di fianza, o entrada di kulpa nolo contedere (sen admison nen renunsia di kulpa), sen kontâ penas di infrason di transitu o di delitu menor:

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Have you had any license or permit suspended or revoked by any agency or board, city, county or state?

Algún bes bu lisensa o autorizason foi suspensu o revokadu pa algun agensia o diretoria, sidadi, kondadu o stadu?

Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Sin: \_\_\_\_\_ Nau: \_\_\_\_\_

If yes, explain:

Si sin, splika:

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I authorize and release the Department to seek information or references necessary to verify the information contained in this application:

N ta autoriza y permiti Departamentu pa djabi infurmason o referensia nessessariu pa verifika tudu infurmason dadu nes rekerimentu:

Signature of Applicant

Sinatura di Rekerenti

Social Security Number

Nunbru di Social Security

I certify under penalty of perjury that all information contained in the application is true and correct. Any misstatements in this application are grounds for refusing to issue or for revocation of any license issued.

N ta sertifika sob pena de perjuriu ki tudu infurmason dadu nes rekerimentu e verdaderu y korretu. Kualker deklarason falsu nes rekerimentu e razon pa nega passa o pa revoka kualker lisensa passadu.

Signature of Applicant

Sinatura di Rekerenti

Social Security Number

Nunbru di Social Security



## Inspectional Services/ *Servisus di Inspeson*

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### CORI REQUEST FORM/ *FORMULÁRIU DI REKERIMENTU DI CORI*

Boston Inspectional Services has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

*ServiSus di Inspeson di Boston ten sertifikason passadu pa Diretoria di Sistemas di Rejistu Kriminal pa ten akesu a infurmason di dadus sobri kazu kondenadu y ku julgamentu kriminal pendent. Na kualidadi di rekerentit/enpregadu di \_\_\_\_\_, N sabi ki ta ser fetu un verifikason di infurmason di rejistu kriminal ma só sobri kondenasón o kazu kriminal pendent y ki kel ka ta obrigatoriamenti diskualifika-m. Infurmason abaxu sta korretu dentu di nha kunhesimentu.*

\_\_\_\_\_  
Applicant/Employee Signature

*Sinatura di Rekerentit/Enpregadu*

\_\_\_\_\_  
LAST NAME

*APELIDU*

\_\_\_\_\_  
FIRST NAME

*PRIMERU NOMI*

\_\_\_\_\_  
MIDDLE NAME

*NOMI DI MEIU/SEGUNDU NOMI*

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

*NOMI DI SOLTERA O OTU KONXIDU (SI FOR KAZU)*

\_\_\_\_\_  
PLACE OF BIRTH

*LUGAR DI NASIMENTU*

DATE OF BIRTH: \_\_\_\_\_

*DATA DI NASIMENTU:*

LAST 6 DIGITS OF SOCIAL SECURITY#: \_\_\_\_\_ - \_\_\_\_\_

*ÚLTIMU 6 NUNBRU DI SOCIAL SECURITY#:*

FATHER'S NAME: \_\_\_\_\_

*NOMI DI PAI*

(FIRST)

(PRIMERU NOMI)

(LAST)

(APELIDU)

MOTHER'S MAIDEN NAME: \_\_\_\_\_

*NOMI DI SOLTERA DI MAI*

(FIRST)

(PRIMERU)

(LAST)

(APELIDU)

CURRENT AND FORMER ADDRESSES:

*ENDERESUS ATUAL Y ANTERIOR:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

*SEXU: \_\_\_\_\_ RASSA: \_\_\_\_\_*

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
*NUNBRU DI KARTA DI KONDUSON DI STADU:*

\*THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

\_\_\_\_\_  
*\*INFURMASON FOI VERIFIKADU KU SEGUINTI FORMA DI IDENTIFIKASON KU FOTOGRAFIA PASSADU PA GUVERNU:*

REQUESTED BY: \_\_\_\_\_  
*REKERIDU PA*      *SIGNATURE OF CORI AUTHORIZED EMP*  
*SINATURA DI FUNCIONÁRIU DI CORI AUTORIZADU*