



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.



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ETABLISMAN DOUCH AK BENY

Pou kapab jwenn yon lisans nan men Depatman Sèvis Enspeksyon Boston (Boston Inspectional Services Department), Divizyon Enspeksyon Sante (Division of Health Inspections), ou dwe prezante dokiman sila yo:

- 1. Prè ou gen otorite pou fè biznis nan Massachusetts, (**Sètifika Biznis Boston epi/oswa Dokiman Anrejistreman Biznis [Article of Incorporation] oswa Patenarya**).*
- 2. De (2) foto paspò (2" x 2") kandida k ap aplike an.*
- 3. Prè alekri de laj li (**batistè, lisans chofè machin ak paspò**).*
- 4. Otorizayon zonaj (**Sètifika Okipasyon**) Sèvis Enspeksyon Boston (Inspectional Services), Divizyon Zonaj (Zoning Division).*
- 5. Nouvo etablisman yo dwe bay 4 kopi plan y oak mande fè yon randevou pou revizyon dosye yo ; pou sa, yo dwe kontakte biwo a dirèkteman epi pale ak yon sipèvizè nan 617-635-5326.*
- 6. Ranpli yon aplikasyon Divizyon Sante a. Aplikasyon CORI an dwe ranpli. Yo aksepte aplikasyon yo lendi pou vandredi, koumanse 8è:00 a.m. pou 3è:30 p.m. **Se pou ou prezante tout dokiman yo mande yo anmenm tan ak aplikasyon ki fin ranpli a.***
- 7. Chaj lisans pou etablisman douch koute \$200.00 chak ane.*



Inspectional Services/ Sèvis Enspeksyon

Michelle Wu, Mayor

Applicant's Full Name: _____ Date: _____

Non Konplè Aplikan an:

Dat

Home Address: _____

Adrès Kay *No. / Nimewo* *Street/Lari* *Town/City/ Minisipalite/Vil* *State/ Eta* *Zip/Zip*

Home Phone No: _____ Business Phone No: _____

Lakay Nimewo telefòn:

Nimewo Travay la:

Email: _____

Imèl:

Business Name: _____

Non Biznis la:

Business Address: _____

Adrès Biznis la: *No. / Nimewo* *Street/Lari* *Town/City/ Minisipalite/Vil* *State/ Eta* *Zip/Zip*

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

Si se yon konpayi oswa yon patenarya, tanpri bay non li, tit ak adrès kay ofisye yo, patenarya yo, Aksyonè yo ki gen 10% oswa plis aksyon.

Name of Corporation or Partnership: _____

Non Konpayi oswa Patenarya a

Name/Title: _____

Non/Tit:

Home Address: _____ Phone No.: _____

Adrès Kay:

Nimewo telefòn:

Name/Title: _____

Non/Tit:

Home Address: _____
Adrès Kay:

Phone No.: _____
Nimewo telefòn:

State of Incorporation: _____
kote konpayi a anrejistre

Tax Number: _____ *Eta*
Nimewo Fiskal

Articles of incorporation or partnership submitted: Yes: _____ No: _____
Yo soumèt Estatè konpayi oswa patenarya a: Wi: _____ Non: _____

Boston Business Certificate submitted: Yes: _____ No: _____
Yo soumèt Sètifika Biznis Boston an: Wi: _____ Non: _____

Zoning/Building Department approval: Yes: _____ No: _____
Otorizasyon Depatman Zonaj/Bilding: Wi: _____ Non: _____

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

Tout adrès rezidansyèl aplikan an te genyen pandan senk (5) dènye lane yo:

D.O.B: _____ Age: _____ Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
Dat nesans: _____ Laj: _____ Fi oswa Gason: _____ Wotè: _____ Gwosè: _____ Koulè cheve: _____ Koulè zye: _____

Two (2) photographs 2" x 2" of applicant must be submitted: Yes: _____ No: _____
Yo dwe soumèt de (2) fotografi 2" x 2" aplikan an: Wi: _____ Non: _____

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

Ansyen okipasyon aplikan an pandan twa (3) dènye lane yo

Occupation <i>Okipasyon</i>	Name of business & address <i>Non biznis la ak adrès la</i>	Bath Experience <i>Eksperyans Douch</i>
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List all criminal convictions, forfeiture of bond, or plea of nolo contendere, excluding traffic, misdemeanor or infraction violations:

Etabli lis tout kondanasyon penal, konfiskasyon sirte an oswa pledwaye nolo contendere, anwetan kontravansyon, ak tizak (deli) oswa enfraksyon disiplinè:

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

Èske yon ajans oubyen yon konsèy, yon vil, yon Konte oubyen yon Eta te deja sispann owa revoke yon lisans oswa pèmi ou?

Yes: _____ No: _____

Wi: _____ Non: _____

If yes, explain:

Si repons la se Wi, bay esplikasyon:

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

Mwen otorize epi mwen p ap retni responsabilite Deptman an pou li chèche jwenn enfòmasyon oswa referans ki nesèsè pou verifye enfòmasyon ki nan aplikasyon sa a:

Signature of Applicant

Siyati Aplikan an

Social Security Number

Nimewo Sekirite Sosyal

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.

Mwen sètifye anba penalite pou fo-temwayaj ke tout enfòmasyon ki nan aplikasyon an vre ak kòrèk. Kèlkeswa fo-deklarasyon ki ta nan aplikasyon sa a se yon jistifikasyon pou refize bay oswa pou revoke kèlkeswa lisans yo te bay la.

Signature of Applicant

Siyati Aplikan an

Social Security Number

Nimewo Sekirite Sosyal



Inspectional Services/ *Sèvis Enspeksyon*

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CORI REQUEST FORM/ *FÒM DEMANN CORIAN*

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.

Sèvis Enspeksyon Boston te jwenn sètifikasyon nan men Konsèy Sistèm Antesedan Penal (Criminal History Systems Board) pou li ka jwenn aksè nan enfòmasyon sou kondanasyon ak dosye penal ki annatant. Antanke aplikan/anplwaye nan _____, mwen konprann yo pral fè yon verifikasyon kazye jidisyè pou chèche konnen enfòmasyon konsènan kondanasyon ak pwosè kriminèl ki annatant epi sa gendwa pa diskalifye mwen otomatikman. Enfòmasyon ki anba la a kòrèk dapre tout sa mwen konnen.

Applicant/Employee Signature

Siyati Aplikan/Anplwaye a

LAST NAME

NON FANMI

FIRST NAME

PRENON

MIDDLE NAME

DEZYÈM PRENON

MAIDEN NAME OR ALIAS (IF APPLICABLE)

NON JENNFI OSWA ALIAS (SI GENYEN)

PLACE OF BIRTH

KOTE LI FÈT

DATE OF BIRTH: _____

DAT NESANS LI:

LAST 6 DIGITS OF SOCIAL SECURITY#: _____ - _____

DÈNYE 6 NIMEWO NAN NIMEWO SEKIRITE SOSYAL:

FATHER'S NAME: _____

NON PAPA LI

(FIRST)

(PRENON)

(LAST)

(NON FANMI)

MOTHER'S MAIDEN NAME: _____

NON MANMAN LI

(FIRST)

(PRENON)

(LAST)

(NON FANMI)

CURRENT AND FORMER ADDRESSES:

ADRÈS KOUNYE A AK ANSYEN ADRÈS ANVAN YO:

