

**Springfield Department of Health & Human Services
Division of Environmental Health
1145 Main Street Suite 114
Springfield, MA 01103
Phone (413) 787-6717 Fax: (413) 787-6458**



Application for Health Club

NEW _____ **RENEWAL** _____ **FEE: \$200.00 year**

Date: _____

Establishment Name: _____

Address: _____
Street City State Zip Code

Name of Owner: _____ **Phone #** _____
(print)

Mailing Address: _____
Street City State Zip Code

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state returns and paid all state taxes required under law.

**Social Security Number or
Federal I.D. Number**

Corporate Name/Signature of Applicant
Print Name _____
Title _____

_____ **Dry Heat Sauna**

_____ **Whirlpools**

_____ **Steam Room**

_____ **Tanning Beds**

****FEE \$200 year. Please make check payable to City of Springfield and send to the above address along with the application**