



# Department of Municipal Licenses and Inspections

Mary E. McGrath, R.S., Director  
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Health Division Telephone: 781-794-8090 Fax: 781-794-8098

Joseph C. Sullivan  
Mayor

## 2010 HEALTH CLUB PERMIT APPLICATION

NAME OF ESTABLISHMENT \_\_\_\_\_

ESTABLISHMENT ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

OWNER OF ESTABLISHMENT \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_

NAME OF MANAGER \_\_\_\_\_

### **Fees**

**Please check all that apply.**

Health Club	_____	\$100.00
Steam Room	_____	\$ 75.00
Sauna	_____	\$ 75.00
Special Purpose Pool	_____	\$100.00

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the establishment operation will comply with the Braintree Department of Municipal Licenses and Inspections-Health Division regulations, and all other applicable law.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_