

**Application for a Permit to Operate a Sauna or Steam Bath  
in the City of Quincy**

New Application

Renewal

Complete and return this form with the appropriate permit fee (made out to: *City of Quincy*) to:

**Quincy Health Department  
440 East Squantum Street  
Quincy, MA 02171**

Name of Establishment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name & Title of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Amount to Be Paid:

**Sauna/Steam** \_\_\_\_\_ number of saunas  
Fee: \$50.00, each

**TOTAL:**

Dates of Operation, if not Annual: \_\_\_\_\_

Water Source: \_\_\_\_\_

Days & Hours of Operation: \_\_\_\_\_

*I hereby certify, under the penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in any way, and, as per M.G.L. Ch.62C, sec. 49A, 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 law.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name and Title (Print)

\_\_\_\_\_

**Office Use Only:**

Date Received: \_\_\_\_\_

License #: \_\_\_\_\_

Fee(s) Paid: \_\_\_\_\_

Date Inspected: \_\_\_\_\_

Inspector: \_\_\_\_\_