



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Bureau of Environmental Health
 Food Protection Program
 305 South Street, Jamaica Plain, MA 02130-3597
 617-983-6712 617-524-8062 - Fax

*Application for a Licensure to Operate a Food and/or Beverage Vending Machine
 (Excludes All Non-Food and Cigarette Vending Machines)
 in Accordance with M.G.L. C.94, § 309 and 105 CMR 590.000*

DIRECTIONS:		
<ul style="list-style-type: none"> • Complete the entire two-page application form. • Submit a list of all machines, include street address and location within the building. • Attach a single check for all machines covered by this license, made payable to: COMMONWEALTH OF MASSACHUSETTS. 		
Business Name:	2. Telephone #: ()	
	Fax #: ()	
	Email Address: _____	
3. D.B.A. (Doing Business As):		
4. Mailing Address:		
5. List types of foods and/or beverages vended:		
6. List location(s) where foods and/or beverages are prepared or obtained:		
7. List location(s) where foods and/or beverages are stored prior to filling machines:		
Ownership	Name	Address
8. Individual		_____ _____

(Over)

Ownership	Name	Address
9. Partnership	A. _____ B. _____	A. _____ _____ B. _____ _____
10. Corporation: A) President B) Treasurer C) Clerk	A. _____ B. _____ C. _____	A. _____ _____ B. _____ _____ C. _____ _____
11. If Applicant is a Corporation:	A) State of Incorporation:	B) Date of Incorporation:

I hereby certify that the above information is true to the best of my knowledge and that I will comply with all applicable laws and regulations of the Commonwealth of Massachusetts and the Department of Public Health pertaining to the activity for which I am applying. In addition, pursuant to M.G.L. C. 62C, § 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 _____ Owner or Corporate Officer

If applying as an Individual, your Social Security #: _____

Tax or Federal I.D.#: _____

APPLICATION FEE: \$10.00 per Vending Unit. No license issued pursuant to this application shall be transferred or assigned.

Total Number of Machines: _____ X \$10.00 =Total Fee: _____

Total Number of Locations: _____

NOTE: Copies of the Massachusetts General Laws and the Code of Massachusetts Regulations may be obtained from the State House Bookstore located in Boston (617-727-2834), Fall River (508-646-1374) or Springfield (413-784-1376).

Revision: July 2014