



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

*Application for License to Transport  
Bakery Products into the Commonwealth for the Purpose of Sale  
in Accordance with M.G.L. C.94, § 305E*

**DIRECTIONS:**

- Complete the entire two-page application form.
- Submit a separate application for each facility or activity to be licensed.
- Enclose copy of recent inspection report performed by appropriate state agency. (Inspection must have been performed within six months prior to date of application.)
- Attach a separate check for \$300.00 for each license application, made payable to:  
COMMONWEALTH OF MASSACHUSETTS.

1. Business Name:		2. Telephone #: (     ) Fax #: (     )	
3. D.B.A. (Doing Business As):			
4. Mailing Address:			
5. Facility Address (if different from Mailing Address):		6. Telephone #: (     ) Fax #: (     )	
7. Responsible Contact Person:	8. Twenty-four (24) Hour Emergency Telephone #: (     ) Email Address: _____		
9. On an attached sheet, list each product brand name, where manufactured and the type of product to be shipped.			
10. Name, Address and Telephone # of Local Representative:			
<b>NOTE:</b> If your product is being distributed from a facility located in Massachusetts, that facility must have a Wholesale Food Distribution license issued by the Department.			

(Over)

Ownership	Name	Address
11. Individual		_____ _____
12. Partnership	A. _____  B. _____	A. _____ _____ B. _____ _____
13. Corporation:  A) President  B) Treasurer  C) Clerk	A. _____  B. _____  C. _____	A. _____ _____ B. _____ _____ C. _____ _____
14. 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: \$300.00 per SITE or ACTIVITY.** Each site or activity requires a separate application form. No license issued pursuant to this application shall be transferred or assigned.

**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).

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