

12)) Describe the manner in which all controlled substances will be secured:

13)) Describe how controlled substances will be replenished and how often:

14)) Has the applicant ever been convicted of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances? Yes * No

15)) Has any professional license or registration held by the applicant under any name or corporate name or legal entity been surrendered, revoked, suspended or denied or is such action pending? Yes * No

* If you answered "Yes" to Question No. 14) or No. 15), a letter must be attached setting forth circumstances of such action(s).

I hereby certify that the information on this application is true to the best of my knowledge, and that the applicant will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, in accordance with M.G.L. c. 62C, s. 49A, that the applicant has to the best of my knowledge and belief filed all state tax returns and paid all state taxes required under law.
Signed under the pains and penalties of perjury.

Signature of authorized individual _____

Date _____

Print Name: _____

Title: _____

For Office Use Only	
Application approved by:	Comments:
Date:	