



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

305 South Street, Jamaica Plain, MA 02130-3597

(617) 983-6712 (617) 524-8062 - Fax

Application for Initial Licensure to Engage in the Sterilization/Sanitization of Bedding, Upholstered Furniture and Filling Materials

in accordance with M.G.L. C.94, § 271 and 105 CMR 620.000

Return to: **Food Protection Program, 305 South Street, Jamaica Plain, MA 02130**

Instructions: <ul style="list-style-type: none"> Complete the entire two-page application form. <i>Submit a <u>separate application for each facility and location</u> to be licensed.</i> For each license application attach a separate check for \$300.00 made payable to: The Commonwealth of Massachusetts. 		Provide Check or Money Order Number:	
1. Company Name:		2. Tel. #: () Ext. _____ Fax #: ()	
3. D.B.A. (Doing Business As):			
4. Mailing Address:			
5. Facility Address (if different from Mailing Address):		6. Tel. #: () Ext. _____ Fax #: ()	
7. Responsible Contact Person:	8. 24-Hour Emergency Telephone #: () Ext. _____ Email Address (mandatory): _____		
Ownership	Name	Address	
9. Individual:			

Ownership	Name	Address
10. Partnership:	A. B.	A. B.
11. Corporation: A) President B) Treasurer C) Clerk	A. B. C.	A. B. C.
12. If Applicant is a Corporation:	A) State of Incorporation:	B) Date of Incorporation: / /
The following information is to be included with the application for initial licensure. The information need not be included with renewal applications, unless changes have been made in the location of the apparatus or in the type of apparatus and method used.		
13. Brand name of sanitizing compound used:		
14. Sanitizing compound manufacturer's name and address:		
15. Attach to the application copies of the sanitizing compound's technical literature and Product Safety Data Information.		

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.#: _____

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).