



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

Return To: **Food Protection Program, 305 South St., Jamaica Plain, MA 02130**

Instructions: <ul style="list-style-type: none">• 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.• Attach a separate check for \$300.00 for each license application, made payable to: The Commonwealth of Massachusetts.		Provide Check or Money Order Number:
1. Business Name:	2. Telephone #: () Ext. _____ Fax #: ()	
3. D.B.A. (Doing Business As):		
4. Mailing Address:		
5. Facility Address (if different from Mailing Address):	6. Telephone #: () Ext. _____ Fax #: ()	
7. Responsible Contact Person:	8. Twenty-four (24) Hour Emergency Telephone #: () Email Address (mandatory): _____	
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:		
NOTE: 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.		

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).