The Commonwealth of Massachusetts Executive Office of Health and Human Services Department of Public Health

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

**Application for Licensure for**

**Manufacture,** **Distribution,** **and/or** **Sale** **of** **Methyl** **or** **Wood** **Alcohol**

**in Accordance with M.G.L. C.94, § 303B**

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

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| ***Instructions:***• *Complete the entire two-page application form.*• ***Submit a separate application for each facility to be licensed.***• *Attach a single check of $150.00 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: | 24- Hour Emergency Telephone #: ( ) Ext. Email Address **(mandatory**):  |
| **Ownership** | **Name** | **Address** |
| 8. Individual: |  |  |
| 9. Partnership: | A. B. | A. B. |

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| **Ownership** | **Name** | **Address** |
| 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.#:

**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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