

## 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

|   |   |         | 1                          |             |
|---|---|---------|----------------------------|-------------|
| Instructions:   |   |         | Provide Check or           |             |
| Complete the entire two-page application form.  |   |         | <b>Money Order Number:</b> |             |
|   | for each facility to be licensed.       |         |                            |             |
| <ul> <li>Attach a single check of \$150.0</li> <li>The Commonwealth of Massa</li> </ul> |   |         |                            |             |
| 1. Business Name:   |   | 2. T    | Celephone #:( )            | Ext         |
|   |   |         |                            | ··· <u></u> |
|   |   | Г       | Fax #: ( )                 |             |
| 3. D.B.A. (Doing Business As):  |   |         |                            |             |
| 3. D.B.A. (Doing Business As).  |   |         |                            |             |
| 4. Mailing Address:   |   |         |                            |             |
| 4. Walling Address.   |   |         |                            |             |
| 5. Facility Address (if different from Mailing Address):                                |   | 6 Т     | Selephone #:( )            | Ext.        |
| 3. Tuelity rudiess (if different if   | om maning radicssy.                     |         |                            | LAt         |
|   |   | F       | Cax #: ( )                 |             |
| 7. Desmansible Contact Demon.   | 24 Hour Emarganov Talanha               | no #: / |                            | Evt         |
| 7. Responsible Contact Person:  | 24- Hour Emergency Telephone #: ( ) Ext |         |                            | LAt         |
|   | Email Address (mandatory):              |         |                            |             |
| Ownership   | Name                                    |         | Address                    |             |
| o wher simp   | 1 (white                                |         | Tiddi ess                  |             |
| 8. Individual:  |   |         |                            |             |
|   |   |         |                            |             |
|   |   |         |                            |             |
|   |   |         |                            |             |
|   |   |         |                            |             |
| 9. Partnership:   |   |         |                            |             |
|   | A.                                      |         | A.                         |             |
|   |   |         |                            |             |
|   | B.                                      |         | B.                         |             |
|   |   |         | D.                         |             |
|   |   |         |                            |             |
|   |   |         |                            |             |

| Ownership                          | Name                       | Address                   |
|------------------------------------|----------------------------|---------------------------|
| 10. Corporation:                   |                            |                           |
| A) President                       | A.                         | A.                        |
| B) Treasurer                       | В.                         | В.                        |
| C) Clerk                           |                            |                           |
|                                    | C.                         | C.                        |
|                                    |                            |                           |
| 11 If Applicant is a Companytion   | A) State of Incomparation. | D) Data of Incomposition  |
| 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).