



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 Licensure to Process Poultry within scope of Mobile Poultry Processing Unit (MPPU) Pilot

in Accordance with M.G.L. C. 94, § 120 and/or 105 CMR 530.000 and 532.000
and in Accordance with Exemptions Associated with the Federal Poultry Products Inspection Act

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

☐ **USDA PLANT NUMBER** _____

☐ **EXEMPT FROM USDA**

Instructions: <ul style="list-style-type: none">• Complete the entire two page application form.• Submit a separate application for each facility to be licensed.• Attach a separate check for each license application, made payable to: The Commonwealth of Massachusetts.• License fee is \$225.00 annually.		Provide Check or Money Order Number:
1. Business Name 1.A Please include D.B.A. (Doing Business As):		2. Telephone #: () Ext. _____
3. Type of processing equipment being used (i.e. type of MPPU or other)		
4. Mailing Address:		Email Address (mandatory): _____
5. Facility Address where processing will occur:		6. Telephone #: () Ext. _____
7. Responsible Contact Person:	8. 24- Hour Emergency Telephone #: () Ext. _____	9. Establishment # if federally inspected:
Ownership	Name	Address
10. Individual:		
11. Partnership:	A. B.	A. B.

12. Corporation: A) President B) Treasurer C) Clerk	A. B. C.	A. B. C.
13. If Applicant is a Corporation:	A) State of Incorporation:	B) Date of Incorporation: / /

14. Firm will Operate					
Days per Season?		Hours per Week?		Hours per Day?	
15. Estimated Number of Animals to be Slaughtered Weekly/Seasonally					
Chickens	Capons	Turkeys	Geese	Ducks	
16. Indicate Which Federal USDA Exemption being claimed for license period					
Custom Slaughter	Producer Grower/1000 limit	Producer Grower/20,000 limit	Producer Grower or Other Person/PGOP	Small Enterprise	Other
17. Estimated Volume of Product to be Prepared and Processed Weekly					
End Product		Total Numbers to be Produced		Total Numbers Annually	
Whole chicken					
Whole turkey or ducks					
Other (specify)					

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 (ies) for which I am applying. In addition, pursuant to M.G.L. Chapter. 62C, s. 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).