

B.

Ownership	Name	Address
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:  / /
13. Names of brands and trade or corporation name, if any, under which the products are to be sold:		
14. How is mix transported:		
15. Is the mix purchased?      Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, from whom is the mix purchased?		
16. Is the mix pasteurized?      Yes <input type="checkbox"/> No <input type="checkbox"/>		
17. Number of gallons of frozen desserts and/or ice cream mix to be sold in Massachusetts during the licensing period:		
18. Number of gallons of frozen desserts and/or ice cream mix sold in Massachusetts during the previous licensing period:		
19. Is the plant constructed and equipped as provided in the regulations (105 CMR 500.000)?      Yes <input type="checkbox"/> No <input type="checkbox"/>		
20. Does the plant use a public water supply?      Yes <input type="checkbox"/> No <input type="checkbox"/>		

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).