

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) 4983-6712 (617) 524-8062 - Fax

Application for License to <u>Transport Frozen Desserts and/or Ice Cream Mix</u> into the Commonwealth for the Purpose of Sale

in Accordance with M.G.L. C.94, § 65H and/or 105 CMR 500.000

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

 Attach a copy of your most rec responsible state or local agen 	for each facility to be licensed. cent inspection report issued by the acy. 300.00 for each license application,		Provide Check or Money Order Number:		
1. Business Name:			Tel. #: () Fax #: ()	Ext	
3. D.B.A. (Doing Business As):		Current Massachusetts License # (if applicable):			
4. Mailing Address:					
5. Facility Address (if different from Mailing Address):		6. Tel. #: () Ext Fax #: ()		Ext	
7. Responsible Contact Person:	8. 24-Hour Emergency Telephone #: () Ext Email Address (mandatory):				
Ownership	Name		Address		
9. Individual:					
10. Partnership:	A.		A.		
	В.		B.		

Ownership	Name	Address			
11. Corporation:					
A) President	A.	A.			
B) Treasurer					
C) Clerk	В.	В.			
	C.	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	No ☐ If yes, from whom is the	mix purchased?			
16. Is the mix pasteurized? Yes No No					
17. Number of gallons of frozen desse licensing period:	rts and/or ice cream mix to be sold in Ma	ssachusetts during the			
18. Number of gallons of frozen desse licensing period:	erts and/or ice cream mix sold in Massach	susetts during the previous			
19. Is the plant constructed and equipped as provided in the regulations (105 CMR 500.000)? Yes No					
20. Does the plant use a public water supply? Yes No					
I hereby certify that the above information laws and regulations of the Commonweal activity for which I am applying. In additional that I, to my best knowledge and belief, has	th of Massachusetts and the Department on, pursuant to M.G.L. C. 62C, § 49A, I of	of Public Health pertaining to the certify under the penalties of perjury			
/ /					
Date	Owner or Corporate Officer				
If applying as an Individual, your Social S	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).