

Massachusetts Department of Public Health

Bureau of Climate and Environmental Health eLicensing System

External User Manual May 2024 V1.3

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1. Introduction

The Bureau of Climate and Environmental Health eLicensing System allows users to apply, renew, and amend their professional licenses online.

Users can review notifications related to their license applications and update their account information.

This document provides step-by-step instructions for the system's functions.

2. Creating an Account

2.1 How Do I Create an Account?

To use the system, all users will need to create an account. To create an account, follow the steps below:

<u>Step 1:</u> Open a browser and navigate to this website <u>https://EnvironmentalHealthLicensing.mass.gov</u>

Sign in	
Username *	
Password *	Ø
SIGN IN	
CREATE ACCOUNT	
I FORGOT MY PASSWORD	

Create Account Button

<u>Step 2</u>: Click the "Create Account" button.

Step 3: On the next screen, fill in the required fields.

<u>Step 4</u>: Please note, the password requirements are as follows:

- Must be at least 10 characters
- <u>Must contain 1 lowercase</u>
- Must contain 1 uppercase character
- Must contain 1 number

Username *
New Password *
Confirm Password *
Username Requirements
 Must be at least 2 characters May contain alphanumeric characters and/or @
Password Requirements
 Must be at least 10 characters Must contain 1 lowercase character Must contain 1 uppercase character Must contain 1 number
and/or@ Password Requirements • Must be at least 10 characters • Must contain 1 lowercase character • Must contain 1 uppercase character • Must contain 1 number
Conditions
2

Create Account Screen

<u>Step 5:</u> Click the "Create Account" button after filling in all the required fields.

A pop-up will appear with the option to add an alternative email address. Add an alternative email address or click "Skip" to proceed.

<u>Step 6:</u> On the next screen, verify your email address. An email was sent to you containing a verification code.

Verify Email Address	
Please enter the verification code that was emailed to	you to verify your email
Verification Code	
Resend Verification Code	Verify Email Address

Email Verification Code Screen

<u>Step 7</u>: Copy the verification code from the email and paste it in the Verification Code field. **<u>Step 8</u>**: Click the "Verify Email Address" button.

2.2 How Do I Log in to My Account?

After creating an account, follow these steps to sign in:

<u>Step 1:</u> Open a browser and navigate to this website https://EnvironmentalHealthLicensing.mass.gov

Step 2: Enter your username and password.

Sign in		
Username *		
Password *		Ø
	SIGN IN	
	CREATE ACCOUNT	
I FORGOT MY PASS	WORD	

Sign In Page

Step 3: Click the "Sign In" button.

2.3 How Do I Log out of My Account?

Follow these steps to log out of your account:

<u>Step 1:</u> Click on the icon in the upper right corner containing your initials.

<u>Step 2:</u> Click on the "Log Out" option from the drop-down menu.



Log Out Page

2.4 How Do I Reset My Password?

To reset your password, follow the steps below:

<u>Step 1:</u> Open a browser and navigate to this website <u>https://EnvironmentalHealthLicensing.mass.gov</u>

Step 2: Click on "I Forgot My Password".

Sign in	
Username *	
Password *	O
SIGN IN	
CREATE ACCOUNT	
I FORGOT MY PASSWORD	
I FORGOT MY USERNAME	

I Forgot My Password button

<u>Step 3:</u> Enter the email related to your account and click the "Reset Password" button. Then the Reset Password screen will appear, and an email is sent to you containing a temporary password.

Forgot Passw	vord
Please enter your email add associated with a user acco will receive an email contai how to reset your password	dress below. If it is ount in the system, you ning instructions on d.
Email *	
Email *	reCAPTCHA Privacy - Terms

Forgot Password screen

<u>Step 4</u>: Please check your inbox, junk, and spam folders for the email containing a temporary password.

Step 5: On the "Reset Password" screen, please do the following:

- a) Copy the temporary password from the email you received and paste it in the Temporary Password field
- b) Enter your username in the Username field
- c) Enter the new password in the fields for New Password and Confirm Password. Please note that the password requirements are as follows:
 - Must be at least 10 characters
 - Must contain 1 lowercase character
 - Must contain 1 uppercase character
 - Must contain 1 number

Please copy and that was emailed and a new passw inbox, please che or press the canc	paste the temporary p to you and enter your yord. If the e-mail is no eck your junk mail or s cel button and try agai	bassword r username ot in your pam folders n.
Temporary Passw	ord *	
Username *		
New Password *		0
Confirm Password	j *	Ø

Reset Password button

Step 6: Click the "Reset Password" button.

2.5 How Do I Retrieve My Username?

Follow these steps to retrieve your username:

<u>Step 1:</u> Open a browser and navigate this website <u>https://EnvironmentalHealthLicensing.mass.gov</u>

Step 2: Click on "I Forgot My Username".

<u>Step 3:</u> On the next screen, in the "Email" field enter the email address associated with your account and mark the checkbox for the captcha.

Please enter your email ad	ddress below. If it is
will receive an email conta	aining your username.
Email *	
I'm not a robat	- 22-

Forgot Username screen

<u>Step 4:</u> Click the "Email Username" button.

<u>Step 5:</u> An email is then sent to you containing your username. Please make sure to check your inbox, junk, and spam folders for the email containing your username.

3. Managing an Account

3.1 How Do I Update My Account Information?

You can update your primary email, alternative email, and phone number related to your account. To update your account information, follow these steps:

Step 1: Click on the icon containing your initials at the top right corner of the page.



Update Account Information option

<u>Step 2:</u> Click on the "Update Account Information" option from the dropdown menu.

<u>Step 3:</u> In the pop-up, update your primary email, alternative email, and/or phone number.

Update Account Information Primary Email * :	
licensee217@jdsoft.com	
Alternative Email:	
Phone Number (###-######) * :	
	CANCEL

Update Account Information pop-up

Step 4: Click the "Update" button.

3.2 How Do I Change My Password?

To change your password, follow these steps:

<u>Step 1:</u> Click on the icon containing your initials at the top right corner of the page.



Change My Password option

Step 2: Click on "Change My Password" from the dropdown menu.

Step 3: Then you will be prompted to type in your current password, a new password, and to confirm the new password.

Please note the following password requirements:

- Must be at least 10 characters
- Must contain 1 lowercase character
- Must contain 1 uppercase character

• Must contain 1 number

Change My Password	
Current Password * :	
New Password * :	
Confirm New Password * :	
	CANCEL CHANGE MY PASSWORD

Change My Password Form

Step 4: Click on "Change My Password".

3.3 How Do I Link My License to My Account?

If you had a license prior to the implementation of this system, you will need to link your existing license(s) to your new account.

To link your license to your account, follow these steps:

<u>Step 1</u>: Log in to the system and click the "Manage My Licenses and Applications" button.

Mass.gov Bureau of Climate and Environmental Health eLicensing System	(1) JS
Welcome Jane Smith, please select from the following options:	
Manage My Licenses and Applications Click here to view your Massachusetts licenses and applications with the Department of Public Health.	÷
Apply for a New License Click here to start a new application for licensure with the Massachusetts Department of Public Health.	\rightarrow

Landing Page with the "Manage My Licenses and Applications" button highlighted

<u>Step 2</u>: On the Link a License/Registration card, click the "Link License/Registration to My Account" button.



Link License to My Account button

Step 3: On the next screen, do the following:

- a) select your license type from the "License Type" dropdown menu; and
- b) enter your license number in the "License Number" field.

k License or Registration to my Account	
tep 1: Please select the license or registration type and en	nter the license or registration number you would like to link to your account.
cense or Registration Type *	
lease select a license or registration type	· ·
cense or Registration Number *	
Proceed	

Link License to My Account page

Step 4: Click the "Proceed" button.

Step 5: On the following screen, enter your PIN code which you received from your program.

Step 2: Please enter the foll	lowing information to link your license	e or registration.	
Registration Pin Code *			
I'm not a robot	reCAPTCHA Privacy - Terms		
Cancel Proceed			

<u>PIN code field</u>

Step 6: Click the "Proceed" button.

<u>Step 7</u>: On the next screen, review your license information.

income of the ground off Type		License/Registration Number	Licensee Name	Licensee Address
Food and/or Beverage Vend	ing Machine License	FVM00000	Example LLC	
Water Vending Machine License		MA-WV00000	Water Vending Biz 1	
l'm not a robot	reCAPTCHA Privacy - Terms			

Yes Link License button

<u>Step 8</u>: Click the "Yes, Link License" button to link your license to your account.

<u>Step 9</u>: On the next screen, a message displays stating that you have successfully linked your license. Click the "OK" button to continue or the "Link Another License" button to link another license to your account.

License/Registration Number	Licensee Name	Licensee Address
MA-WV10002	Water Vending Biz 1	
FVM10025	Example LLC	
	MA-WV10002 FVM10025	Interface Interface Interface MA-WV10002 Water Vending Biz 1 FVM10025 Example LLC

Successfully Linked License message

3.4 How Do I View Notifications in My Account?

If you have unread notifications, the bell icon at the top right corner of the page will be red and show the count of unread notifications. Follow these steps to view notifications:

Step 1: Click on the bell icon at the top right corner of the page.



Notifications Icon

<u>Step 2</u>: On the notifications page, you have the option to view "Unread Only" and "All" notifications.

Step 2A: Click on the icon containing your initials at the top right corner of the page.



View Notifications link

Step 2B: Click on "View Notifications" from the drop-down menu.

4. Online Functions for Applicants and Licensees

4.1 How Do I Apply for a New License?

To apply for a license, follow these steps:

<u>Step 1</u>: Click on the "Apply for a New License" button on the home page.



Apply for a New License card

Step 2: Click on the "View More" button under the applicable licensing board.

OR

ease select a Licensing Board o	Program from the options below:
Food Protection Program	
The Food Protection Program serve	s Massachusetts by:
Developing regulations, policies, Conducting routine inspections Conducting foodborne illness co Participating in cooperative food Offering educational programs Undertaking regulatory enforcen For more information, please visit th To apply for a license or permit cover	and interpretations mplaint investigations and responding to other food emergency incidents safety inspection programs with other state, federal and local agencies ent actions such as embargoes, administrative sanctions, and civil or criminal penalties e Program Website. :red by the Food Protection Program, click "View More". View More
Radiation Control Program	
We protect the health and safety of radioactive materials including the r radiologic technologists, laser regis	the Commonwealth from the harmful effects of ionizing and non-ionizing radiation. RCP staff address a range of issues associated with egulation of specific radioactive sources, x-ray technology, nuclear medicine, mammography, professional training and licensure for ration, and more.
For more information, please visit t	e Program Website.

View More button

<u>Step 3:</u> Click on the "Start Application" on the applicable license application card.

Animal Laboratories License You must have a license from the Food Protection Program to use dogs or cats in research and education.	Start Application
Methyl or Wood Alcohol License You must have a license from the Food Protection Program to manufacture, distribute, and/or sell methyl or wood alcohol in Massachusetts.	Start Application
Out-of-State Bakeries Transport License You must have a license from the Food Protection Program to transport bakery products into the Massachusetts for the purpose of sale.	Start Application

Start Application button

<u>Step 4</u>: Continue through the application following the instructions on each page, completing the required fields, and uploading the required documents.

a) a) a) a) a) a) b) b) b) <th>Image: Constraint on the constraint o</th> <th>2 3 4 Information eSignature Payment * # ANLNE 1004B to his information below: Name Doing Business As (DBA) Institution Phone Number * (* Institution mailing address information below: If the institution mailing address information below: * of the institution frain address information below: If the institution mailing address information below: * of the institution frain address information below: If the facility information below: * of the institution frain address information below: If the facility information below: * of the facility information below: If the facility information below: * of the facility information below: If the facility information below: * of the facility information below: If the facility information below: * of the facility information below: If the facility information below: * of the facility information below: If the facility information below: * of the facility information below: If the facility information below: * of the facility information below: If the facility information below: * of the facility information below: If the facility information below: * of the facility information below: If the facility information below: * of the facility information below: If the facility information below: * of the facility information below: If the facility inf</th>	Image: Constraint on the constraint o	2 3 4 Information eSignature Payment * # ANLNE 1004B to his information below: Name Doing Business As (DBA) Institution Phone Number * (* Institution mailing address information below: If the institution mailing address information below: * of the institution frain address information below: If the institution mailing address information below: * of the institution frain address information below: If the facility information below: * of the institution frain address information below: If the facility information below: * of the facility information below: If the facility information below: * of the facility information below: If the facility information below: * of the facility information below: If the facility information below: * of the facility information below: If the facility information below: * of the facility information below: If the facility information below: * of the facility information below: If the facility information below: * of the facility information below: If the facility information below: * of the facility information below: If the facility information below: * of the facility information below: If the facility information below: * of the facility information below: If the facility information below: * of the facility information below: If the facility inf
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Application page

<u>Step 5:</u> If applicable, you must pay the application fee before you can submit the application. On the Payment page, click the "Pay Fee" button to be directed to the third-party payment vendor's page.

Home > My Licenses/Registration	s > Animal Laboratories License >	Animal Laboratories License - New Application		
Organization Information	2 Ownership	3 eSignature	4 Payment	5 Submit
Application #: ANLNE10048				
Please note: The fee below is non-refun IMPORTANT: After you make the paym is required, you must first complete the processed until you click the "Submit" I Please make a payment online with a cr	dable. ent online, be sure to return to the lice payment step before proceeding to t button on the Submit page. redit or debit card or an ACH payment	ensing system and complete this application by pr he Submit page. To proceed to the Submit page, c by clicking the "Pay Fee" button below.	roceeding to the Submit page and clicking the "S click the "Go to Next Page" button below. Your app	ubmit" button. If payment plication will not be
There is a 2.35% non-refundable conver Amount Due: \$50.00	nience fee for processing credit card p	ayment(s).		

Pay Fee button

Step 6: Complete the payment information, mark the checkbox to agree to the terms and conditions, and click the "Submit Payment" button at the bottom of the page.

<u>Step 7:</u> After paying, you will automatically be returned to the licensing system.

Please note, you must submit the application, or it will not be processed.

🔞 Home 🔸 My Licenses/Registrati	ons > Animal Laboratories License	> Animal Laboratories License - New Application						
0rganization Information	2 Ownership	3 eSignature	4 Payment	5 Submit				
Application #: ANLNE10048	Application #: ANLNE10048							
Please note: The fee below is non-ref IMPORTANT: After you make the par is required, you must first complete processed until you click the "Submi Please make a payment online with a There is a 2.35% non-refundable com	undable. yment online, be sure to return to the l the payment step before proceeding to the submit page. I credit or debit card or an ACH payme yenience fee for processing credit carc	icensing system and complete this application by a the Submit page. To proceed to the Submit page, ht by clicking the "Pay Fee" button below. I payment(s).	proceeding to the Submit page and clicking the . click the "Go to Next Page" button below. Your :	"Submit" button. If payment application will not be				
Amount Due: \$50.00								
Amount Paid: \$50.00								
Remaining Amount: \$0.00								
<< Go To Previous Page Go To Next Page	je >>							

Go To Next Page button

<u>Step 8:</u> Click on the "Go to Next Page" button.

Organization Information Zending M Zending M	itted yet. You must seroll to the link of	3 Ownership bottom of this page and click olication below. If all informati	eSignature the "Submit" button.	5 Payment	6 Submit
Organization Information Vending M Application #: FVMRA10001 Please note that your application has not been subtra Please review your Food and/or Beverage Vending M following will happen: • You will be redirected to a confirmation page on th • You will be redirected to a confirmation page on th • You will be redirected to a confirmation mail with your app	itted yet. You must scroll to the li achine License - Reactivation App is site - please print this page or liceation number affirming the sul	ownership	eSignature	Payment	Submit
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You will receive a confirmation email with your able	dication number attirming the sub dication will enter the review que	save a screenshot for your re	ion is accurate, <u>click the "submit" button at t</u> cords;	<u>the bottom of the page</u> . When you submit this a	upplication, the
For applications that do not auto approve, your ap		ue.	cneck your spam tolder,	-	
After you submit your application, you may log in and more information. The review process may take several weeks. You will *The following applications do not auto approve: The new application if 'Other' is selected for the question	view it on this website, but you w be notified via email when the De Food and/or Beverage Vending M Who approved the water source?	vill not be able to make edits u epartment has made a decisio Machine license new applicati P, and all license reactivation a	inless the Department gives permission for on regarding your application. on the Food and/or Beverage Vending Mach applications.	changes. This may occur in case the reviewer i	tas questions or needs ding Machine license
Payment Information					
Amount Due: \$40.00 Amount Paid: \$40.00					
Remaining Amount: \$0.00					
Organization Information					
In the field below, please provide a brief explanation on why the lice	nse lapsed.: 123 456 798				
Business Name: Food Vending Machine Business 1	Doing Business As (D	BA):			
Business Email Address: Imeadows15@jdsoft.com	Business Phone Num	ber: 999-999-8888			
Is your facility located in the U.S.?: Yes	Tax Identification Nun	nber or Social Security Number: 99-8	888888		
Mailing Address Line 1: 27 Congress St	Mailing Address Line	2: Ste 505			
Mailing City: Salem Mailing St	ate: MA Mailing Zip Code: 019	70 Mailing Country: United State:	5		
Vanding Mashing Information					
Planse list the types of foods and/or heueroges wended: 1					
Total Number of Locations: 2					
Total Number of Machines: 4					
Please list the locations where foods and/or beverages are prepare	d or obtained:: 1				
Please list the locations where foods and/or beverages are stored	rior to filling machines:: 1				
Ownership					
People with Ownership Interest					
People with Ownership Interest Record #1					
First Name: Jane	Middle Name:	Last Name: Doe			
Phone Number: 555-888-9999	Email Address: Imead	lows@jdsoft.com			
Mailing Address Line 1: 27 Congress Ave	Mailing Address Line	2:			
Mailing City: Salem Mailing St	ate: MA Mailing Zip Code: 019	70 Mailing Country: United State:	s		
Organizations with Ownership Interest No entries were provided for this section.					
Corporation Officials No entries were provided for this section.					
eSignature					
l agree:					
• Yes					
Owner or Corporate Officer: Jane Doe					
<< Go To Previous Page Submit					

Application Submission page and Submit button

Step 9: Review the information and click the "Submit" button at the bottom of the page. The final step for <u>every</u> application is to click the "Submit" button to send in the application.

4.2 How Can I View My Application or License Status?

Follow these steps to view your application or license status:

Step 1: Click the "Show Details" button under the respective license type card.



Show Details button

<u>Step 2</u>: If you have a license that is linked to your account, you will see your license status on the license information card. If you have an application that is pending, incomplete, or reopened you will see its status on a card inside the license card.

License # MWA12345 John Doe 123 Main St Boston, MA 02118 (Active) Your License is Active as of 12/28/2023 and will expire on 12/28/2024.	
Start a Methyl or Wood Alcohol License - Amendment	\rightarrow
License Documents	
License to Sell Methyl or Wood Alcohol Wall Certificate	Download

License Status

4.3 How Do I Withdraw My Application?

You can only withdraw an application that has not been submitted yet. Follow these steps to withdraw an application:

Step 1: Click on the "Show Details" button under the respective license.

Methyl or Wood Alcohol License	
 You currently hold or have held 1 Methyl or Wood Alcohol License(s). You have started 1 application(s) that you still need to complete. You have 2 application(s) that you have started but have since been withdrawn. 	
	Show Details

Show Details button

Step 2: Click the "Withdraw this Application" link.

License # MWA10002 MWA Org 1 123 Main St Salem, MA 01970 (Active) Your License is Active as of 07/20/2023 and will expire on 07/20/2024.	
Methyl or Wood Alcohol License - Amendment MWA Org 1 (Incomplete)	Application #: MWAAMD10003
Your application MWAAMD10003 was created on 08/15/2023 and it is incomplete. You must click the "Complete This Application" button below and submit in order for this application to be processed.	
Withdraw this Application	Complete This Application
License Documents	
License to Sell Methyl or Wood Alcohol Wall Certificate	Download

Withdraw This Application link

Step 3: In the pop-up, enter the application number (Ex. #ABC112546) in the text field.

<u>Step 4:</u> Then click the "Withdraw" button.

Withdraw Application for License Methyl Wood Alcohol License	
Please enter the Application Number (#MWAAMD10003) below to complete the withdrawal of the application. Note a application fees you may already have paid during the application process are not refundable after withdrawing the application process are not refundable.	that any pplication.
#MWAAMD10003	
CANCEL	WITHDRAW

Withdraw button

Step 5: A pop-up confirms the application was successfully withdrawn. Click the "OK" button to close the pop-up.



4.4 How Do I Renew My License?

To renew your license, follow these steps:

Step 1: Click on the "Show Details" button under the respective license.



Show Details button

Step 2: Click on the link for the renewal application.



Renewal Application link

Please note that the renewal application link will only be available when your license is in the renewal period. For most license types the renewal period starts 90 days before the license expiration date.

Step 3: Click the "Start Application" button.

License # MWA10002 MWA Org 1 123 Main St Salem, MA 01970 (Active) Your License is Active as of 07/20/2023 and will expire on 07/20/2024.	
Methyl or Wood Alcohol License - Renewal Application	Cancel Start Application
License Documents	
License to Sell Methyl or Wood Alcohol Wall Certificate	Download

Start Application button

Step 4: Continue through the renewal application following the instructions on each page, completing the required fields, and uploading the required documents (if applicable).

Operation Owership adjusture Payment Rate Application #: MWARE 10003 Operation information Pressere review the business information below and update if necessary. If you are a sole proprietor, enter your Social Security Number in the Tax ID field. Business Name* Oring Business Kan@Com Business Nam@Com Busines Nam@Com <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th>	1	2	3	4	5
Application f: MVARE10091 Organization Information Please review the business information below and update if necessary: MAGOg 1 Enter DEA // affinitemt than business are MAGOg 1 Enter DEA // affinitemt than business are MAGOg 1 Business Email Address * Mailing Address Line 1* Business Email Address * Mailing Address Information below and update if necessary: Mailing State * Mailing Address Line 2 Mailing State * Mailing Address Line 2 Mailing State * Mailing Country * Mailing State * State * Please review the facility information below and update if necessary: Inster State * Mailing State * Mailing Country * Mailing State * Mailing Country * Please review the facility information below and update if necessary: If there is no facility name, please enter the name Facility Address Line 1 * Facility City * Table State * State * Interview the Responsible Contact Person information below and update if necessary: Please review the Responsible Contact Person information below and update if necessary: Responsible Contact Person First Nee * Responsible Contact Person information below and update if necessary:	Organization Information	Ownership	eSignature	Payment	Submit
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Please review the business information below and update if necessary. If you are a sole proprietor, enter your Social Security Number in the Tax ID field. Business Phone Number* MKA Grg 1 Is your facility located in the U.S.? Please review the business mailing address ! Mailing Address Line 1* Mailing Address Line 1* Mailing State* Facility Information below and update if necessary: If there is no facility name, please enter the name of the business on IBAN Facility Name* Facility Address Line 2 Facility Address Line 2 Facility Address Line 2 Facility State* Facility State* Facility State* Facility State* Facility State* Facility State* Responsible Contact Person Inf	Organization Information				
Business Name * Doing Business As (DBA) Business Phone Number * MMX Org 1 Enter DBA if different than business roll 44:55:6669 I's our facility located in the U.S.** Business Email Address * 44:55:6669 I's our facility located in the U.S.** Business Email Address * 44:55:6669 Prices review the business mailing address Line 1* Maling Address Line 2 Maling City * 27 Corgues 8: Be 605 Salem Malling State * Malling City * Salem Malling State * Malling City * Malling County * MAiler subsets or DBA. Interses are view the facility Information below and update if necessary. If there is sales v Facility Address Line 1 * Facility Phone Number * Facility City * Facility Address Line 1 * Facility Address Line 2 Facility City * Facility Address Line 2 Facility City * Salem Facility Address Line 2 Facility City * Salem Facility State * Facility City * Facility City * Facility State * Facility City * Salem Facility State * Facility City * Facility City * Facility State * Facil	Please review the business informati	ion below and update if necessary. If you a	are a sole proprietor, enter your Social Security I	Number in the Tax ID field.	
MNX Ong 1 Enter / DBA /f different than business of 444-555-6866 Is your facility located in the U.S.?* Business Email Address * Ireadows@glatol.com Ireadows@glatol.com Please review the business mailing address line 2 Mailing Address Line 1* Mailing Address Line 2 Mailing State * Mailing Zip Code * Mailing State * Mailing Zip Code * Mailing State * Mailing Zip Code * Please review the facility Information below and update if necessary. Inited States * Please review the facility Information below and update if necessary. If there is no facility name, please enter the name of the business or DBA. Please review the facility Information below and update if necessary. If there is no facility name, please enter the name of the business or DBA. Facility Address Line 1 * Facility Address Line 2 Facility Name * Facility Address Line 2 Facility State * Facility Country * MA v or 1970 United States * Facility State * Facility Country * MA v or 1970 United States * Facility State * Facility Country * MA v or 1970 United States * Please review the Responsible Contact Person Information below and update if necessary: Responsible Contact Person First Name * Responsible Contact Person First Name * Responsible Contact Person First Name * Responsible Contact Person Email Address * example@gearample.com Example@gear	Business Name *	Doing Business As (DBA)	Business Phone Number *		
Is your facility located in the US.?* Business Email Address * Please review the business mailing address information below and update if necessary: Mailing Address Line 1 * Mailing Address Line 2 Mailing City * 27 Congress 81 Sta 50 Statem Mailing State * Mailing Zip Code * Mailing Contry * MA v orro Deloo Please review the facility information below and update if necessary. If there is no facility name, please enter the name of the busines or DBA. Please review the facility information below and update if necessary. If there is no facility name, please enter the name of the busines or DBA. Please review the facility information below and update if necessary. If there is no facility name, please enter the name of the busines or DBA. Please review the facility Information below and update if necessary. If there is no facility City * 23 Main St Facility State * Facility City Code * Facility City Code * Facility State * Facility State * Facility City Code * Facility City Code * Facility State * Facility City Code * Facility State * Facility State * Facility City Code * Facility City Cod	MWA Org 1	Enter DBA if different than business r	444-555-6666		
No Immediows8@jdstott.com Please review the business mailing address line formation below and update if necessary: Mailing Address Line 1* Mailing Address Line 2 Mailing Address Line 1* Mailing Address Line 2 Salem Salem Mailing State * Mailing Zip Code * Mailing State * Mailing Country * MA 0 1970 Please review the facility information below and update if necessary. If there is no facility name, please enter the name of the business or DBA. Facility Phone Number * Facility Address Line 2 Facility City * Eaclity City * Iza Main St Eaclity 2D Code * Facility City * Salem Eaclity Zip Code * Facility Country * MA 0 1970 United States Please review the Responsible Contact Person Information below and update if necessary: Responsible Contact Person First Name * Responsible Contact Person First Name * Responsible Contact Person First Name * Responsible Contact Person Email Address * Example@example.com Responsible C	Is your facility located in the U.S.? *	Business Email Address *			
Please review the business mailing address linformation below and update if necessary: Mailing Address Line 1 * Mailing Address Line 2 Mailing City * 27 Congress S1 Ste 505 Salem Mailing State * Mailing Zip Code * Mailing Country * MA 01970 United States • Please review the facility information below and update if necessary. If there is no facility name, please enter the name of the business or DBA. Facility Phone Number * Facility Email Address * Facility Address Line 1 * Facility Address Line 2 Facility City * 123 Main S1 Salem Salem Please review the Responsible Contact Person Information below and update if necessary: Responsible Contact Person Information below and update if necessary: Responsible Contact Person First Name * Responsible Contact Person First Name * Responsible Contact Person First Name * Responsible Contact Person Phone Number * Responsible Contact Person Email Address * Responsible Contact Person Phone Number * Responsible Contact Person Email Address * Responsible Contact Person Phone Number * Responsible Contact Person Email Address *	◯ Yes ◯ No	Imeadows9@jdsoft.com			
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Renewal Application page

<u>Step 5:</u> If applicable, you must pay the renewal application fee before you can submit the renewal application. On the Payment page, click the "Pay Fee" button to be directed to the third-party payment vendor's page.

Home > My Licenses/Registrations > M	Iethyl Wood Alcohol License	Methyl or Wood Alcohol License - Renewal Applic	cation	
Organization Information	2 Ownership	3 eSignature	Payment	5 Submit
Application #: MWARE10009				
Please note: The fee below is non-refundable. IMPORTANT: After you make the payment onl required, you must first complete the paymen until you click the "Submit" button on the Subr	ine, be sure to return to the lic t step before proceeding to the nit page.	ensing system and complete this application by pro Submit page. To proceed to the Submit page, click	occeeding to the Submit page and clicking the "Sub the "Go to Next Page" button below. Your applicat	mit" button. If payment is tion will not be processed
Please make a payment online with a credit or	debit card or an ACH payment	by clicking the "Pay Fee" button below.		
There is a 2.35% non-refundable convenience	fee for processing credit card p	payment(s).		
Amount Due: \$150.00				
<< Go To Previous Page Pay Fee				

Pay Fee button

<u>Step 6:</u> Complete the payment information, mark the checkbox to agree to the terms and conditions, and click the "Submit Payment" button at the bottom of the page.

<u>Step 7:</u> After paying, you will automatically be returned to the licensing system.

Please note, you must submit the renewal application, or it will not be processed.

<u>Step 8:</u> Click on the "Go to Next Page" button.

Home > My Licenses/Registrations > M	Methyl Wood Alcohol License	> Methyl or Wood Alcohol License - Renewal Appli	cation	
0 Organization Information	2 Ownership	eSignature	4 Payment	
Application #: MWARE10009				
Please note: The fee below is non-refundable.				
IMPORTANT: After you make the payment on required, you must first complete the paymen until you click the "Submit" button on the Sub	line, be sure to return to the lic It step before proceeding to th mit page.	censing system and complete this application by pr e Submit page. To proceed to the Submit page, clic	roceeding to the Submit page and clicking the "Sub ik the "Go to Next Page" button below. Your applica	omit" button. If payment is ation will not be processed
Please make a payment online with a credit or	debit card or an ACH payment	t by clicking the "Pay Fee" button below.		
There is a 2.35% non-refundable convenience	fee for processing credit card	payment(s).		
Amount Due: \$150.00				
Amount Paid: \$150.00				
Remaining Amount: \$0.00				
<< Go To Previous Page Go To Next Page >>				

Go to Next Page button

<u>Step 9:</u> Review the information and click the "Submit" button at the bottom of the page. The final step for <u>every</u> application is to click the "Submit" button to send in the application.

G Home > My Licenses/Registrations > Methyl W	Vood Alcohol License > M	thyl or Wood Alcohol Licen	se - Renewal Application		
	0				_6
Organization Information	Ownership		eSignature	Payment	Submit
Application #: MWARE10009					
Please note that your application has not been submi	itted yet. You must scroll to	the bottom of this page and	click the "Submit" button		
Please review your Methyl or Wood Alcohol License -	Renewal Application below.	If all information is accurate	. click the "submit" button at the bottom of the page. Wh	en you submit this application, the following will happen:	
 You will be redirected to a confirmation page on thi You will receive a confirmation email with your app For applications that do not auto approve, your app 	is site – please print this pay lication number affirming the lication will enter the review	e or save a screenshot for y e submission – please be su queue.	our records; ire to check your spam folder;		
After you submit your application, you may log in and	view it on this website, but y	ou will not be able to make a	edits unless the Department gives permission for change	s. This may occur in case the reviewer has questions or needs more information.	
The review process may take several weeks. You will it *The following applications do not auto approve: The 'Who approved the water source?', and all license read	be notified via email when the Food and/or Beverage Vend Stivation applications.	e Department has made a d ing Machine license new apj	ecision regarding your application. plication, the Food and/or Beverage Vending Machine lice	ense renewal application, the Water Vending Machine license new application if 'Other' is selected for the	question
Payment Information Amount Due: \$150.00					
Amount Paid: \$150.00					
Remaining Amount: \$0.00					
Organization Information					
Business Name: MWA Org 1	Doing Business As (DBA):		Business Phone Number: 444-555-6666		
Is your facility located in the U.S.?: Yes	Business Email Address: Imead	ows9@jdsofLcom			
Tax Identification Number or Social Security Number: 55-4488448					
Mailing Address Line 1: 27 Congress St	Mailing Address Line 2: Ste 505		Mailing City: Salem		
Mailing State: MA	Mailing Zip Code: 01970		Mailing Country: United States		
Facility Name: MWA Org 1	Facility Phone Number: 444-555	-6666	Facility Email Address: Imeadows3ggidsoft.com		
Facility Address Line 1: 123 Main St	Facility Address Line 2:		Facility City: Salem		
Facility State: MA	Facility Zip Code: 01970		Facility Country: United States		
Responsible Contact Person First Name: Jane		Responsible Contact Person La	st Name: Doe		
Responsible Contact Person Phone Number: 5558887777		Responsible Contact Person En	nail Address: Imeadows3@jdsoft.com		
Ownership					
People with Ownership Interest					
People with Ownership Interest Record #1					
First Name: Jennifer	Middle Name:	Last Name: Jones			
Phone Number: 888-777-4444		Email Address: Imeadows3@jd	soft.com		
Mailing Address Line 1: 27 Congress St		Mailing Address Line 2:			
Mailing City: Salem	Mailing State: MA	Mailing Zip Code: 01970	Mailing Country: United States		
Organizations with Ownership Interest No entries were provided for this section.					
Corporation Officials No entries were provided for this section.					
eSignature					
l agree:					
• Yes					
Owner or Corporate Officer: Jennifer Janes					
<< Go To Previous Page Submit					

Submit button

4.5 How Do I Amend Information on My License?

To amend information on a license, follow these steps:

<u>Step 1:</u> Click the "Show Details" button under the respective license.

Methyl or Wood Alcohol License	
You currently have:	
 You currently hold or have held 1 Methyl or Wood Alcohol License(s). You have started 1 application(s) that you still need to complete. You have 2 application(s) that you have started but have since been withdrawn. 	
	Show Details

Show Details button

<u>Step 2:</u> Select the link for the appropriate amendment application.

License # MWA10020 Convenience Store ABC 123 Main St Boston, MA 02118 (Active) Your License is Active as of 12/28/2023 and will expire on 12/28/2024.	
Start a Methyl or Wood Alcohol License - Amendment	\rightarrow
License Documents	
License to Sell Methyl or Wood Alcohol Wall Certificate	Download

List of Amendment Applications

Step 3: Click the "Start Application" button.

License # MWA10020 Convenience Store ABC 123 Main St Boston, MA 02118 (Active) Your License is Active as of 12/28/2023 and will expire on 12/28/2024.	
Methyl or Wood Alcohol License - Amendment	Cancel Start Application
License Documents	
License to Sell Methyl or Wood Alcohol Wall Certificate	Download

Start Application button

Step 4: Continue through the amendment application following the instructions on each page, completing the required fields, and uploading the required documents (if applicable).

0		0		0
()		2		3
Organization Information		Ownershi	p	eSignature
Application #: MWAAMD10008				
Organization Information				
Please review the business information below	w and update if necessary. If you are a	sole proprietor, ent	er your Social Security Number in the Tax ID field.	
Business Name *	Doing Business As (DBA))	Business Phone Number *	
Store #456	456 Store		8885558888	
Is your facility located in the U.S.? *	Business Email Address	*		
● Yes ○ No	Imeadows3@jdsoft.com			
Tax Identification Number or Social Security N	Number *			
88-8888888				
Disease in the basis of all set of the set o	-f			
Please review the business mailing address i	nformation below and update if neces	.sary:		
Mailing Address Line 1 *	Mailing Address Line 2		Mailing City *	
27 Congress St	Ste 505		SAlem	
Mailing State *	Mailing Zip Code *		Mailing Country *	
MA	▼ 01970		United States	T
Please review the facility information below a	and update if necessary. If there is no f	facility name, pleas	e enter the name of the business or DBA.	
Facility Name *	Facility Phone Number *		Facility Email Address *	
Store #456	8885558888		Imeadows3@jdsoft.com	
Facility Address Line 1: 1	Facility Address Line 2:		Facility City: 1	
Facility State: AR	Facility Zip Code: 44444		Facility Country: United States	
Please review the Responsible Contact Perso	on information below and update if neo	cessary:		
Responsible Contact Person First Name *		Responsible Cc	ontact Person Last Name *	
Jane		Doe		
Responsible Contact Person Phone Number *	*	Responsible Cr	ontact Person Email Address *	
		Imagdawa2@ida	aft com	
8885558888		ITTERCOWS, SUDIUS.	COLL COLL	

Amendment Application page

<u>Step 5:</u> If applicable, you must pay the amendment application fee before you can submit the renewal application. On the Payment page, click the "Pay Fee" button to be directed to the third-party payment vendor's page.

Step 6: Complete the payment information, mark the checkbox to agree to the terms and conditions, and click the "Submit Payment" button at the bottom of the page.

Step 7: After paying, you will automatically be returned to the licensing system.

Please note, you must submit the amendment application, or it will not be processed.

Step 8: Click the "Go to Next Page" button.

<u>Step 9:</u> Review the information and click the "Submit" button at the bottom of the page. The final step for <u>every</u> application is to click the "Submit" button to send in the application.

<form> Control One Control Cont</form>	Home > My Licenses/Registrations > Methyl o	or Wood Alcohol License >	Methyl or Wood Alcohol Lice	ense - Amendment
Approximation Approximat	0			
Application Second	Organization Information		Ownership	eSignature Submit
Network with a work in the same is a work in the same i	Application #: MWAAMD10008			
	Please note that your application has not been subm	nitted yet. You must scroll to	the bottom of this page and	Lelick the "Submit" button.
 	Please review your Methyl or Wood Alcohol License -	Amendment below. If all info	ormation is accurate, <u>click the</u>	e "submit" button at the bottom of the page. When you submit this application, the following will happen:
<form> An exploring regretation goal was an explore the sub-sub-sub-sub-sub-sub-sub-sub-sub-sub-</form>	 You will be redirected to a confirmation page on th You will receive a confirmation email with your app For applications that do not auto approve, your app 	ils site – please print this pag plication number affirming th plication will enter the review	ge or save a screenshot for y e submission – please be su r queue.	our records; ure to check your spam folder;
	After you submit your application, you may log in and	l view it on this website, but y	ou will not be able to make e	adits unless the Department gives permission for changes. This may occur in case the reviewer has questions or needs more information.
We appeared the asset surver, and all focus is used to appear to appe	The review process may take several weeks. You will *The following applications do not auto approve: The	be notified via email when th Food and/or Reverance Vend	e Department has made a de ion Machine license new apr	ecision regarding your application.
	'Who approved the water source?, and all license real	ctivation applications.	nig maanne naanse nen opp	разволя с така и на начида ставиц такина начина крупанина, на стака укивију прозик посне или срупакиот и акон и аконска (и ки фесной
Note: N	Organization Information			
normal Biter Set	Business Name: Store #456	Doing Business As (DBA): 456 S	Nore	Business Phone Number: 8885558888
National metal National metal Standard Metal National metal National Metal National Meta	Is your facility located in the U.S.?: Yes	Business Email Address: Imead	ows3@jdsoft.com	
Adapta Addapta	Tax Identification Number or Social Security Number: 88-8888888			
Mag 2000 Image 2000 Imag	Mailing Address Line 1: 27 Congress St	Mailing Address Line 2: Ste 505		Mailing City: Salem
night gene de	Mailing State: MA	Mailing Zip Code: 01970		Mailing Country: United States
Aigk Markel 1 Aigk Markel 2 Aigk Markel 2 Aige Markel 2 Aigk Markel 2 Aigk Markel 2 <td>Facility Name: Store #456</td> <td>Facility Phone Number: 888555</td> <td>8888</td> <td>Fapility Email Address: Imeadows3(ji)dsoft.com</td>	Facility Name: Store #456	Facility Phone Number: 888555	8888	Fapility Email Address: Imeadows3(ji)dsoft.com
Angele Ard angely for M444 angely computeded Angele Arden Falleman angele Arden Cantal Heres Des Angele Arden Falleman angele Arden Cantal Heres Des Angele Arden Falleman angele Arden Cantal Heres Des Angele Arden Falleman angele Arden Cantal Ardenes Dessel Algebration Angele Arden Falleman angele Arden Cantal Ardenes Dessel Algebration Angele Arden Falleman angele Arden Falleman Angele Arden Falleman angele Arden Falleman<	Facility Address Line 1: 1	Facility Address Line 2		Facility City, 1
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Overafip: Pople with Ownership Interest Raine 2 Raine 201e Boom Maine State MA Maine 201e Boom A Maine 201e Boom <	Responsible Contact Person Phone Number: 8885558888		Responsible Contact Person Em	nall Address: Imeadows3@jdsoft.com
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Submit button

4.6 How Do I Print My License Card or Wall Certificate?

Follow these steps to print your license card or wall certificate:

<u>Step 1:</u> Click the "Show Details" button under the respective license.

Out-of-State Frozen Desserts License	
You currently have:	
 You currently hold or have held 1 Out-of-State Frozen Desserts License(s). You have submitted 1 application(s) for review. You have started 4 application(s) that you still need to complete. You have 1 application(s) that you submitted but have since been sent back to you and require further action. You have 3 application(s) that you have started but have since been withdrawn. 	
	Show Details

Show Details button

Step 2: In the License Documents section, click the Download button.



License Documents section & Download button