



10) Has any professional license or registration issued to the applicant under any name or corporate name or legal entity been surrendered, revoked, suspended or denied or is such action pending?  Yes \*  No

\* If you answered "Yes" to Question No. 9) or No. 10), a letter must be attached setting forth circumstances of such action(s).

I hereby certify that the information on this application is true to the best of my knowledge, and that the applicant will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, in accordance with M.G.L. c. 62C, section 49A, that the applicant has to the best of my knowledge and belief complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signed under the pains and penalties of perjury.

Signature of authorized individual \_\_\_\_\_

Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

For Office Use Only	
Application approved by:	Comments:
Date:	