



# 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) 983-6712 (617) 524-8062 - Fax

## **Application for License to Transport Bakery Products into the Commonwealth for the Purpose of Sale** In Accordance with M.G.L. C.94, § 305E

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

|  |   |   |
|--|---|---|
| <b>Instructions:</b> <ul style="list-style-type: none"> <li>• Complete the entire two-page application form.</li> <li>• <b>Submit a separate application for each facility or activity to be licensed.</b></li> <li>• Enclose copy of recent inspection report performed by appropriate state agency.</li> <li>• Attach a separate check for \$300.00 for each license application, made payable to: <b>The Commonwealth of Massachusetts</b></li> </ul> |   | <b>Provide Check or<br/>Money Order Number:</b> |
| 1. Business Name:  | 2. Telephone #: (     )                      Ext. _____<br><br>Fax #: (     )                      _____                            |   |
| 3. D.B.A. (Doing Business As):   |   |   |
| 4. Mailing Address:  |   |   |
| 5. Facility Address (if different from Mailing Address):   | 6. Telephone #: (     )                      Ext. _____<br><br>Fax #: (     )                      _____                            |   |
| 7. Responsible Contact Person:   | 8. Twenty-four (24) Hour Emergency Telephone #: (     )                      _____<br><br>Email Address ( <b>mandatory</b> ): _____ |   |
| 9. On an attached sheet, list each product brand name, where manufactured and the type of product to be shipped.   |   |   |
| 10. Name, Address and Telephone # of Local Representative:   |   |   |
| <b>NOTE:</b> If your product is being distributed from a facility located in Massachusetts, that facility must have a Wholesale Food Distribution license issued by the Department.  |   |   |

(Over)

| Ownership  | Name                       | Address                              |
|--|----------------------------|--------------------------------------|
| 11. Individual:  |                            |                                      |
| 12. Partnership:   | A.<br><br>B.               | A.<br><br>B.                         |
| 13. Corporation:<br><br>A) President<br><br>B) Treasurer<br><br>C) Clerk | A.<br><br>B.<br><br>C.     | A.<br><br>B.<br><br>C.               |
| 14. If Applicant is a Corporation:                                       | A) State of Incorporation: | B) Date of Incorporation:<br><br>/ / |

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.#: \_\_\_\_\_

**APPLICATION FEE: \$300.00 per SITE or ACTIVITY.** Each site or activity requires a separate application form. No license issued pursuant to this application shall be transferred or assigned.

**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).