



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Tel: (617) 983-6712 Fax: (617) 524-8062

Application for Licensure for the Manufacture and Sale of Stuffed Toys, Bedding, Upholstered Furniture, and Related Products

In Accordance with M.G.L. C.94, 271 and/or 105 CMR 620.000

Return to: Food Protection Program, 305 South Street, Jamaica Plain, MA 02130

Check the boxes that apply: INITIAL APPLICATION RENEWAL
 BEDDING/UPHOLSTERED FURNITURE STUFFED TOYS

INSTRUCTIONS:

- Complete the entire two-page application form.
Manufacturers must submit a separate application for each manufacturing facility.
- Attach Law Label or "Mock Label" to the application.
- *Attach a separate check for \$300.00 for each license application, made payable to: The Commonwealth of Massachusetts.*

Provide Check or Money Order Number:

1. Company Name:

2. Telephone #: () Ext. _____
Fax #: ()

3. D.B.A.
(Doing Business As):

Current Massachusetts License # MA- _____
(if applicable):

4. Mailing Address:

5. Facility Address (if different from Mailing Address):

6. Telephone #: () Ext. _____
Fax #: ()

7. Responsible Contact Person:

8. 24 Hour Emergency Telephone #: () Ext. _____

Email Address (**mandatory**): _____

9. Type of License for which you are applying:

Manufacturer

You are a manufacturer if you, either by yourself or through your employees or agent, manufacture articles of stuffed toys, bedding and/or upholstered furniture to be sold at wholesale or retail.

Uniform Registry Number :

State of Issuance:

Distributor

You are a distributor or dealer if you, either by yourself or through your employees or agent, sell articles of stuffed toys, bedding and/or upholstered furniture at wholesale or retail.

Supply Dealer

You are a supply dealer if you, either by yourself or through your employees or agent, manufacture, process, or sell any felt batting, pads, or other filling, loose, in bags, in bales or containers, concealed or not concealed, to be used or which can be used in articles of stuffed toys, bedding and upholstered furniture.

Ownership	Name	Address
10. Individual		
11. Partnership	A. B.	A. B.
12. Corporation: A) President B) Treasurer C) Clerk	A. B. C.	A. B. C.
13. If Applicant is a Corporation: A) State of Incorporation: B) Date of Incorporation: / /		
14. List articles manufactured or sold:		

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, include your Social Security #: _____

Tax or Federal I.D.#: _____

**IMPORTANT NOTE: Please allow 6 – 8 weeks for processing.
Your license is still valid one month after the expiration date.**

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).