



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 Initial Licensure for Food Processing and/or Distribution at Wholesale.

In Accordance with M.G.L. C.94, § 305C and/or 105 CMR 500.000

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

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| Instructions: <ul style="list-style-type: none"> • Complete the entire two-page application form. • Submit a separate application for each facility or activity to be licensed. • 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. Firm's Legal Name: | | 2. Telephone #: () Ext. _____ Fax #: () | |
| 3. D.B.A. (Doing Business As): | | | |
| 4. Mailing Address: | | | |
| 5. Facility Address (if different from Mailing Address): | | 6. Telephone #: () Ext. _____ Fax #: () | |
| 7. Responsible Contact Person: | | 8. Twenty-four (24) Hour Emergency Telephone #: () Email Address (mandatory): _____ | |
| 9. Primary <u>Food Processing</u> Operation at This Facility (check one): <input type="checkbox"/> Seafood and/or Shellfish <input type="checkbox"/> Dairy Products <input type="checkbox"/> Baked Goods <input type="checkbox"/> No food processing <input type="checkbox"/> Meat and/or Poultry <input type="checkbox"/> Frozen Desserts <input type="checkbox"/> Multiple Foods | | | |
| 10. Other Operations at this Location: <input type="checkbox"/> Wholesale Distribution <input type="checkbox"/> Cold Storage Warehouse <input type="checkbox"/> Packing and/or Repacking <input type="checkbox"/> Bottling Plant <input type="checkbox"/> Warehouse | | | |
| 11. Type of Building (check one): <input type="checkbox"/> Non-Residential (i.e. commercial) <input type="checkbox"/> Residential (i.e. a kitchen in a private home that processes food for sale at wholesale) <input type="checkbox"/> On-Farm Processing (includes cottage food operations that process food for sale at wholesale) | | | |

12. Food Products to be Manufactured – Please identify the four most common food products to be manufactured at this location, with each food’s product codes from the attached list:

- (1) Food Product _____ Product Code from List _____
 (2) Food Product _____ Product Code from List _____
 (3) Food Product _____ Product Code from List _____
 (4) Food Product _____ Product Code from List _____

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

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 (print name)

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.