



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) 883-6712 (617) 524-8062 - Fax

Application for License to Transport Frozen Desserts and/or Ice Cream Mix into the Commonwealth for the Purpose of Sale in Accordance with M.G.L. C.94, § 65H and/or 105 CMR 500.000

Return To: **Food Protection Program, 305 South St., Jamaica Plain, MA 02130**

Instructions: <ul style="list-style-type: none"> • Complete the entire two-page application form. • Submit a separate application for each facility to be licensed. • Attach a copy of your most recent inspection report issued by the responsible state or local agency. • 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. Business Name:		2. Tel. #: () Ext. _____ Fax #: ()	
3. D.B.A. (Doing Business As):		Current Massachusetts License # (if applicable):	
4. Mailing Address:			
5. Facility Address (if different from Mailing Address):		6. Tel. #: () Ext. _____ Fax #: ()	
7. Responsible Contact Person:		8. 24-Hour Emergency Telephone #: () Ext. _____ Email Address (mandatory) : _____	
Ownership		Name	
Address			
9. Individual:			
10. Partnership:		A. B.	
		A. B.	

(Over)

Ownership	Name	Address
11. Corporation: A) President B) Treasurer C) Clerk	A. B. C.	A. B. C.
12. If Applicant is a Corporation:	A) State of Incorporation:	B) Date of Incorporation: / /
13. Names of brands and trade or corporation name, if any, under which the products are to be sold:		
14. How is mix transported:		
15. Is the mix purchased? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, from whom is the mix purchased?		
16. Is the mix pasteurized? Yes <input type="checkbox"/> No <input type="checkbox"/>		
17. Number of gallons of frozen desserts and/or ice cream mix to be sold in Massachusetts during the licensing period:		
18. Number of gallons of frozen desserts and/or ice cream mix sold in Massachusetts during the previous licensing period:		
19. Is the plant constructed and equipped as provided in the regulations (105 CMR 500.000)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
20. Does the plant use a public water supply? Yes <input type="checkbox"/> No <input type="checkbox"/>		

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.#: _____

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).