



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

305 South Street, Jamaica Plain, MA 02130-3597

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

Application for Initial Licensure to Process Meat and Poultry in Accordance with M.G.L. C. 94, § 120 and/or 105 CMR 500.000

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

USDA PLANT NUMBER _____ **EXEMPT FROM USDA**

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 separate check for each license application, made payable to: The Commonwealth of Massachusetts. <ul style="list-style-type: none"> ■ \$225.00 under \$10 Million in sales ■ \$375.00 over \$10 Million in sales 		Provide Check or Money Order Number:
1. Business Name:		2. Telephone #: () Ext. _____
3. D.B.A. (Doing Business As):		
4. Mailing Address:		Email Address (mandatory): _____
5. Facility Address (if different from mailing address above):		6. Telephone #: () Ext. _____
7. Responsible Contact Person:	8. 24-Hour Emergency Telephone #: () Ext. _____	9. Establishment # (if federally inspected):
Ownership	Name	Address
10. Individual		
11. Partnership	A.	A.
	B.	B.
12. Corporation:	A.	A.
	A) President	B.
	B) Treasurer	C.
C) Clerk		

13. If Applicant is a Corporation:	A) State of Incorporation:	B) Date of Incorporation: / /
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14. Plant will Operate

Days per Week?	Hours per Week?	Hours per Day?
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15. Estimated Number of Animals to be Slaughtered Weekly

Cattle	Calves	Sheep	Goats	Swine	Equine
Chickens	Capons	Turkeys	Geese	Ducks	

16. Estimated Weekly Volume of Fresh Meat or Ready-to-Cook Poultry to be Disposed in Wholesale Sales

Beef	Veal	Lamb/Mutton	Goat Meat	Pork	Equine Meat
Chickens	Capons	Turkeys	Geese	Ducks	Guineas

17. Estimated Volume of Product to be Prepared and Processed Weekly

End Product	Total Pounds to be Produced	Total Pounds to be Sold Wholesale
Processed meats, sausages, etc.		
Sliced products: bacon, ham, etc.		
Edible fats processed		
Fabricated steaks, meat and poultry dinners and pies, etc.		
Canned meat or poultry		
Boned or cut fresh meat or poultry		
Equine meat products		
Other (specify)		

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 (ies) for which I am applying. In addition, pursuant to M.G.L. Chapter. 62C, s. 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).