



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 Manufacture, Distribution, and/or Sale of Methyl or Wood Alcohol in Accordance with M.G.L. C.94, § 303B

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

<p>Instructions:</p> <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 single check of \$150.00 made payable to: The Commonwealth of Massachusetts. 		<p>Provide Check or Money Order Number:</p>
<p>1. Business Name:</p>	<p>2. Telephone #:() Ext. _____ Fax #: ()</p>	
<p>3. D.B.A. (Doing Business As):</p>		
<p>4. Mailing Address:</p>		
<p>5. Facility Address (if different from Mailing Address):</p>	<p>6. Telephone #:() Ext. _____ Fax #: ()</p>	
<p>7. Responsible Contact Person:</p>	<p>24- Hour Emergency Telephone #: () Ext. _____ Email Address (mandatory): _____</p>	
Ownership	Name	Address
<p>8. Individual:</p>		
<p>9. Partnership:</p>	<p>A. B.</p>	<p>A. B.</p>

