



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

Interstate Milk Shippers Check Rating Fee or Single Service Manufacturer Audit Fee in Accordance with 801 CMR 4.02

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

Please indicate either Check Rating or Single Service Audit

INTERSTATE MILK SHIPPERS CHECK RATING FEE (\$750.00)

SINGLE SERVICE MANUFACTURER AUDIT FEE (\$300.00)

Instructions:

- Complete both pages of the fee form.
- Submit a separate form for each facility to be rated/audited.
- Attach a separate check of \$750.00 for Interstate Milk Shippers check rating/\$300.00 for Single Service audit made payable to **Commonwealth of Massachusetts**.
- **Check Rating Fees** are payable every two years and are non-refundable. A facility that is unable to maintain an acceptable rating must re-apply and submit the full Check Rating fee of \$750.00.
- **Single Service Audit Fees** are payable every two years and are non-refundable. A facility that is unable to maintain an acceptable audit must re-apply and submit the full Audit fee of \$300.00.

**Provide Check or
Money Order Number:**

1. Business Name:		2. Tel. #: () Ext. _____	
		Fax #: ()	
3. D.B.A. (Doing Business As):			
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:		<hr/> <hr/>
10. Partnership:	A. <hr/> <hr/> B. <hr/> <hr/>	A. <hr/> <hr/> B. <hr/> <hr/>
11. Corporation: A) President B) Treasurer C) Clerk	A. <hr/> <hr/> B. <hr/> <hr/> C. <hr/> <hr/>	A. <hr/> <hr/> B. <hr/> <hr/> C. <hr/> <hr/>
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:		

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.#: _____

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).