



12. Corporation:	A. _____ _____ B. _____ _____ C. _____ _____	A. _____ _____ B. _____ _____ C. _____ _____
13. If Applicant is a Corporation:	A) State of Incorporation:	B) Date of Incorporation: / /

14. Firm will Operate					
Days per Season?		Hours per Week?		Hours per Day?	
15. Estimated Number of Animals to be Slaughtered Weekly/Seasonally					
Chickens	Capons	Turkeys	Geese	Ducks	
16. Indicate Which Federal USDA Exemption being claimed for license period					
Custom Slaughter	Producer Grower/1000 limit	Producer Grower/20,000 limit	Producer Grower or Other Person/PGOP	Small Enterprise	Other
17. Estimated Volume of Product to be Prepared and Processed Weekly					
End Product	Total Numbers to be Produced		Total Numbers Annually		
Whole chicken					
Whole turkey or ducks					
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).