

Ownership	Name	Address
8. Individual:		
9. Partnership:	A. B.	A. B.
10. Corporation: A) President B) Treasurer C) Clerk	A. B. C.	A. B. C.
11. If Applicant is a Corporation: A) State of Incorporation: _____ Date of Incorporation: ____/____/____		

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.#: _____

APPLICATION FEE: \$10.00 per Vending Unit. No license issued pursuant to this application shall be transferred or assigned.

Total Number of Machines: _____ x \$10.00 = Total Fee: _____

Total Number of Locations: _____

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).