

Ownership	Name	Address
11. Individual		_____ _____
12. Partnership	A. _____ B. _____	A. _____ _____ B. _____ _____
13. Corporation: A) President B) Treasurer C) Clerk	A. _____ B. _____ C. _____	A. _____ _____ B. _____ _____ C. _____ _____
14. If Applicant is a Corporation:	A) State of Incorporation:	B) 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: \$300.00 per SITE or ACTIVITY. Each site or activity requires a separate application form. No license issued pursuant to this application shall be transferred or assigned.

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 (508-646-01374) or Springfield (413-784-1376).