



**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

*Application for License to Transport Frozen Desserts and/or Ice Cream Mix  
 into the Commonwealth for the Purpose of Sale  
 in Accordance with M.G.L. C.94, § 65H and/or 105 CMR 561.000*

<b>DIRECTIONS:</b> <ul style="list-style-type: none"> <li>Complete the entire two-page application form.</li> <li>Submit a separate application for each facility to be licensed.</li> <li>Attach a copy of your most recent inspection report issued by the responsible state of local agency (within the past 6 months).</li> <li>Attach a separate check for \$300.00 for each license application, made payable to: COMMONWEALTH OF MASSACHUSETTS.</li> </ul>		
1. Business Name:	2. Telephone #: (     ) Fax #: (     )	
3. D.B.A. (Doing Business As):	Current Massachusetts License # (if applicable):	
4. Mailing Address:		
5. Facility Address (if different from Mailing Address):	6. Telephone #: (     ) Fax #: (     )	
7. Responsible Contact Person:	8. Twenty-four (24) Hour Emergency Telephone #: (     ) Email Address: _____	
<b>Ownership</b>	<b>Name</b>	<b>Address</b>
9. Individual	_____ _____	
10. Partnership	A. _____ B. _____	A. _____ _____ B. _____ _____

(Over)

Ownership	Name	Address
11. Corporation: A) President B) Treasurer C) Clerk	A. _____ B. _____ C. _____	A. _____ _____ B. _____ _____ C. _____ _____
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:		
14. Number and capacity of freezers:		
15. Is the mix purchased?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, from whom is the mix purchased?		
16. Is the mix pasteurized?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
17. Number of gallons of frozen desserts and/or ice cream mix to be sold in Massachusetts during the licensing period:		
18. Number of gallons of frozen desserts and/or ice cream mix sold in Massachusetts during the previous licensing period:		
19. Is the plant constructed and equipped as provided in the regulations (105 CMR 561.000)?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
20. Does the plant use a public water supply?    Yes <input type="checkbox"/> No <input type="checkbox"/>		

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.#: \_\_\_\_\_

**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).