



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

Office Use Only: License Number: _____ Date Issued: _____	<i>Application for Initial Licensure to Engage in the Sterilization/Sanitization of Bedding, Upholstered Furniture and Filling Materials in Accordance with M.G.L. C.94, § 271 and 105 CMR 620.000</i>	Office Use Only: Approved By: _____ Date Approved: _____
DIRECTIONS: <ul style="list-style-type: none"> • Complete the entire two-page application form. • Submit a complete copy of the sanitizing compound product label utilized in your process. • Submit a separate application for each facility or location to be licensed. • Attach a separate check for \$300.00 for each license application, made payable to: COMMONWEALTH OF MASSACHUSETTS. 		
1. Company Name: _____		2. Telephone #: _____ () Fax #: ()
3. D.B.A. (Doing Business As): _____		
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: _____	
Ownership	Name	Address
9. Individual	_____	_____ _____ _____

(Over)

Ownership	Name	Address
10. Partnership	A. _____ B. _____	A. _____ _____ - B. _____ _____ -
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:
The following information is to be included with the application for initial licensure. The information need not be included with renewal applications, unless changes have been made in the location of the apparatus or in the type of apparatus and method used.		
13. Brand name of sanitizing compound used:		
14. Sanitizing compound manufacturer's name and address:		
15. Attach to the application, copies of the sanitizing compound's technical literature and Product Safety Date Information:		

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).