

The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
Bureau of Environmental Health
Food Protection Program
305 South Street, Jamaica Plain, MA 02130-3597
617-983-6712 617-524-8062 - Fax

Application for Licensure to Operate Food and/or Beverage Vending Machine (Excludes All Non-Food and Cigarette Vending Machines)

in Accordance with M.G.L. C.94, § 309 and 105 CMR 590.000

Return To: Food Protection Program, 305 South St., Jamaica Plain, MA 02130

 Instructions: Complete the entire two-page application form. An easily readable label or sign bearing the operator's license number, company name and service telephone number shall be conspicuously displayed at each machine location. A list of all machines, including street address and location within the building shall be made available upon request. Attach a single check for all machines covered by this license, made payable to: The Commonwealth of Massachusetts. 		Provide Check or Money Order Number:		
1. Business Name:	2. Telephone #: (Fax #: (Email Address () Ext mandatory):		
3. D.B.A. (Doing Business As):				
4. Mailing Address:				
5. List types of foods and/or beverages vended:				
6. List location(s) where foods and/or beverages are prepared or obtained:				
7. List location(s) where foods and/or beverages are stor	red prior to filling macl	nines:		

Ownership	Name	Address
8. Individual:		
0.7		
9. Partnership:	A.	A.
		71.
	B.	B.
10. Corporation:	A.	A.
A) President		
B) Treasurer	B.	В.
C) Clerk	C.	C.
	C.	C.
11. If Applicant is a Corporation:	A) State of Incorporation: I	Date of Incorporation: ///
laws and regulations of the Commonweal activity for which I am applying. In additi	n is true to the best of my knowledge and the of Massachusetts and the Department of ion, pursuant to M.G.L. C. 62C, § 49A, I cave filed all state tax returns and paid all s	f Public Health pertaining to the ertify under the penalties of perjury
/ /		
Date	Owner or	Corporate Officer
	ial Security #:	
Tax or Federal I.D.#:		
APPLICATION FEE: \$10.00 per V transferred or assigned.	ending Unit. No license issued pursua	ant to this application shall be
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).