

OFFICE OF THE
BOARD OF HEALTH

13 East Central St.

Natick, Massachusetts 01760

FEE \$5.00

PHONE 508-647-6460 – FAX-508-647-6466

APPLICATION FOR LICENSE

NO: _____

_____20__

To The Licensing Authorities:

The undersigned hereby applies for a License in accordance with the provision of the States relating thereto

Full name of person, firm or corporation making application

STATE CLEARLY PURPOSE FOR WHICH LICENSE IS REQUESTED

**FOR THE MANUFACTURING, BUYING, SELLING, TRANSPORTING, IMPORTING, EXPORTING OR
DEALING IN METHYL ALCOHOL OR WOOD ALCOHOL**

GIVE LOCATION BY STREET & NUMBER

MAILING ADDRESS IF DIFFERENT FROM ABOVE

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.

Signature of Individual or Corporate Name
(Mandatory)

Corporate Officer
(Mandatory if applicable)

S.S. (Voluntary) or Federal I.D.#

THIS LICENSE WILL NOT BE ISSUED UNLESS THIS CERTIFICATE CLAUSE IS SIGNED BY THE APPLICANT

YOUR S.S.# WILL BE FURNISHED TO THE MASSACHUSETTS DEPARTMENT OF REVENUE TO DETERMINE WHETHER YOU HAVE MET TAX FILING OR TAX PAYMENT OBLIGATIONS. LICENSEES WHO FAIL TO CORRECT THEIR NON-FILING OR DELINQUENCY WILL BE SUBJECT TO LICENSE SUSPENSION OR REVOCATION. THIS REQUEST IS MADE UNDER THE AUTHORITY OF M. G. L. c. 72C s 49A.

Signature of Applicant

Telephone # of Establishment

Address
