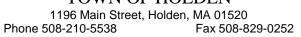


The Commonwealth of Massachusetts

TOWN OF HOLDEN





APPLICATION FOR MILK & CREAM LICENSE

EE: MILK & Crear Make check payable to the state of the s	n LICENSE- \$ 30.00 he Town of Holden)	EXPIRES:	JUNE 1st, EACH YEAR
	Busi	iness Name	
	Busin	ness Address	
	Mailing Ad	dress (if different)	
Phone	Fax		Email (required)
		Owner	
Home Addr	ress		Phone
ENSE FOR MILK:			
Type:	Store Resta	aurant Mo	bil Other
Milk Dealer:	Milk Dealer:		
		(Address)	
How Handled:	Containers		ers
gistration of Vehicle	Used (if mobile):		
			Signature of Applicant
			Date
	FOR BOARD OF	HEALTH USE ON	ILY
Date of Approval	 Inspector	Milk & Cream Lio	 c. #