



The Commonwealth of
Massachusetts

TOWN OF HOLDEN
BOARD OF HEALTH

1196 Main Street, Holden, MA 01520
Phone 508-210-5542 Fax 508-829-0252

Due Date: March 1 _____
FEE: \$50

APPLICATION FOR LICENSE TO MANUFACTURE FROZEN
DESSERTS AND/OR ICE CREAM MIX

To the Board of Health of Holden in accordance with the provisions of Section 65H of Chapter 94 of the General Laws, as most recently amended and the regulations made there under, the undersigned hereby applies for a license for the **WHOLESALE/RETAIL** manufacture of frozen desserts and/or ice cream mix and submits the following information:

1. Full name of applicant _____

2. Business Address: _____ Phone: _____

3. If applicant is an individual: Full name _____
Residence _____

3a. If applicant is a partnership, full name and address of all partners:

3b. If applicant is a corporation: State of incorporation _____

Date of incorporation: _____ Principal office: _____

Full name and address of: President: _____
Treasurer: _____
Clerk: _____

4. Location of Plants _____

5. Names of brands and trade or corporation name, if any, under which the products are to be sold: _____

6. Number and capacity of freezers _____

7. Is the Mix purchased? _____ If so, from whom purchased? _____

8. Is the mix pasteurized or not? _____

9. Number of gallons of frozen desserts and/or ice cream mix sold in Massachusetts during the licensing period _____
_____ to _____

10. Number of gallons of frozen desserts and /or ice cream mix sold in Massachusetts during the previous licensing period _____

11. Is the plant constructed and equipped as provided in the regulations? _____

12. Is the water supply public or not? _____ 13. Have you received a copy of the regulations? _____

I hereby certify that the frozen desserts and/or ice cream mix I sell in Massachusetts will be manufactured in compliance with all laws of the Commonwealth of Massachusetts pertaining thereto and all rules and regulations promulgated by the Massachusetts Department of Public Health made thereunder and will be manufactured under sanitary conditions. I attest that the information stated in this application is true and accurate under the pains of penalties of perjury.

(Company owner/officer's signature)

(Date)

(Title)

(City/Town)