



The Commonwealth of
Massachusetts
TOWN OF HOLDEN

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

APPLICATION FOR MILK AND/OR FROZEN DESSERT LICENSE

FEE: MILK LICENSE - \$ 30.00 EXPIRES: JUNE 1, EACH YEAR
FROZEN DESSERT - \$ 40.00 AMOUNT DUE: _____

Business Name

Business Address

Mailing Address (if different)

Phone *Fax*

Owner

Home Address *Phone*

LICENSE FOR MILK: _____

Type: Store _____ Restaurant _____ Mobil _____ Other _____

Milk Dealer: _____
(Manufacturer)

(Address)

How Handled: Containers _____ Dispensers _____

LICENSE FOR FROZEN DESSERTS: _____

Type: Store _____ Restaurant _____ Mobil _____ Other _____

Frozen Dessert Dealer (Ice Cream): _____
(Manufacturer)

(Address)

How Handled: Containers _____ Dispensers _____

Registration of Vehicle Used (if mobil): _____

Signature of Applicant *Date*

FOR BOARD OF HEALTH USE ONLY

Date of Approval Inspector Milk Lic. # Frozen Dessert Lic. #