

TOWN OF FRANKLIN
BOARD OF HEALTH

Bruce J. Hunchard, Chairman
Dr. Mario DeBaggis, V. Chairman
Dr. Darrolyn Lindsey, Member
David E. McKearney, R.S., Health Agent/Director

Municipal Building
355 East Central Street
Franklin, MA 02038
(508) 520- 4905

No. _____

Fee _____

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

To the Board of Health of Franklin

In accordance with the provisions of section 65H of Chapter 94 of the General Laws, as most
WHOLESALE

Recently amended, and the regulations made thereunder, the undersigned hereby applies for a license
RETAIL

For the manufacture of frozen desserts and/or ice cream mix and submits the following information:-

1. Full name of applicant _____

2. Business address _____

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

3a.If applicant is a partnership, full name and residence 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 to be sold in Massachusetts during
the licensing period _____ to _____

10.Number of gallons of frozen desserts and/or ice cream mix to be 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 and penalties of perjury.

(Company owner/officer's signature)

Title

Date

(City or Town)