



# Town of Franklin

HEALTH DEPARTMENT

355 East Central Street

Franklin, Massachusetts 02038-1352

## APPLICATION FOR PERMIT FOR MILK AND CREAM STORE

PERMIT NO. \_\_\_\_\_

FEE \$ 40.00 \_\_\_\_\_

ESTABLISHMENT NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
Street City or town Zip Code

MAILING ADDRESS \_\_\_\_\_  
(if different) Street City or town Zip Code

NAME AND TITLE OF APPLICANT \_\_\_\_\_

ADDRESS OF APPLICANT \_\_\_\_\_

NAME OF OWNER (if different from applicant) \_\_\_\_\_

If corporation or partnership, provide name, title and home address of officers or partners.

(Check one) \_\_\_\_\_ CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ SOLE OWNER

Name of Corporate Officers: (to be signed by each)

President \_\_\_\_\_  
Name Address

Treasurer \_\_\_\_\_  
Name Address

Clerk \_\_\_\_\_

State of incorporation \_\_\_\_\_ Name and address of local agent \_\_\_\_\_

Name of Partners: (to be signed by each)

\_\_\_\_\_ Name Address

\_\_\_\_\_ Name Address

Name of Sole Owner: (to be signed)

\_\_\_\_\_ Name Address



**EMERGENCY RESPONSE PERSON:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

<u>Type of establishment</u>	<u>Fee</u>
Retail	_____
Food service	_____
Caterer	_____
Mobile Food	_____
Residential	_____

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to M.G.L. Ch. 62C. sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required by law.

\_\_\_\_\_  
Social Security Number or  
Federal Identification Number

\_\_\_\_\_  
Signature of Individual or Corporate Name

By \_\_\_\_\_  
Corporate officer (if applicable)