



Town of Franklin

HEALTH DEPARTMENT

355 East Central Street

Franklin, Massachusetts 02038-1352

No. _____

Fee \$20.00

APPLICATION FOR PERMIT FOR MILK AND CREAM STORE AND MILK AND CREAM VEHICLE

Name of Establishment _____ Date _____

Business Address _____

Mailing Address (if different) _____

Name and Title of Applicant _____

Address of Applicant _____

Name of Owner (if different from applicant) _____

If corporation or partnership, give name, title & home address of officers or partners *

<u>Name</u>	<u>Title</u>	<u>Home Address</u>

State of Incorporation _____ Name and Address of Local Agent _____

Emergency Response Person: Name _____ Home Phone _____

<u>Type of Establishment</u>	<u>Fee</u>	<u>Duration of Permit</u>	<u>Amount to be paid</u>
Retail	_____	_____	_____
Food Service	_____	_____	_____
Caterer	_____	_____	_____
Mobile Food*	_____	_____	_____
Residential	_____	_____	_____
Total			_____

Dates of Operation if not Annual: _____

Payment is due
With
Application

Signature of Applicant _____

Date _____

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

Social Security Number or Federal
Identification Number

Signature of Individual or Corporate Name

By _____
Corporate Officer(if applicable)

FOR BOARD OF HEALTH USE ONLY

Date Received

Date Inspected

Approved By

Permit Issued #
