



Town of Franklin

HEALTH DEPARTMENT

355 East Central Street
Franklin, Massachusetts 02038-1352
p. 508-520-4905 f. 508-520-4989

NEW: YES/NO

RENEWAL: YES/NO

CALENDAR YEAR: _____

FEE AMOUNT: **\$60.00**_____

Permit # _____

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

In accordance with the provisions of section 65H of chapter 94 of the General Laws, as most recently amended, and the regulations made thereunder, the undersigned hereby applies for a license for the WHOLESAL/RETAIL 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 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? _____

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 sold in Massachusetts during the previous licensing period _____

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

12. Is the water supply public or not? _____

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