



# 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 WHOLESALE/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