

Town of Williamstown - Board of Health
Application for a License to Manufacture Frozen Desserts or Ice Cream Mix

In accordance with the provisions 105 CMR 561.000: FROZEN DESSERTS AND FROZEN DESSERT MIXES, the undersigned hereby applies for a license for the wholesale or retail manufacture of frozen desserts and/or ice cream mix and submits the following information.

The results of the required laboratory tests will be submitted to the Board of Health monthly. Failure to perform required laboratory testing and submission will result in the revocation of this license.

Fee: \$35.00 New License Renewal

Name of Applicant _____ Telephone # _____

Business Address _____

E-mail Address _____

If applicant is a partnership, give full name and address of all partners.

1. _____
2. _____
3. _____

If applicant is a corporation

State of Incorporation _____ Date of Incorporation _____

Corporate Address _____

Corporate President _____

Corporate Treasurer _____

Corporate Clerk _____

Trade and/or brand names under which product is sold.

1. _____
2. _____

Product/Preparation Information

Number of Freezers _____ Capacity of Freezers _____

Supplier of Mix (Name and Address) _____

Estimated Gallons to be Sold _____ Gallons Sold in Previous Year _____

Water Source: Public Private Sewage Disposal: Public Private

Laboratory performing required testing _____

Signed under the pains and penalties of perjury.

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

Signature of Owner or Corporate Official

Date of Application

Typed or Printed Name and Title

City/Town and State