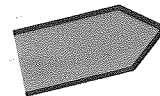


# The Commonwealth of Massachusetts

## DEPARTMENT OF PUBLIC HEALTH



### APPLICATION FOR LICENSE TO MANUFACTURE FROZEN DESSERTS AND/OR ICE CREAM MIX

FEE:

To the Board of Health of .....

In accordance with the provisions of section 85H 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 manufacture of frozen desserts and or ice cream mix and submits the following information:—

WHOLESALE

RETAIL

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.

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3b. If applicant is a corporation

State of incorporation .....

Date of incorporation .....

Principal office .....

This application should be filed with the Board of Health, Wilbraham, together with the appropriate fee.

A copy of this application must be mailed by the applicant directly to the Mass Dept. of Public Health, 305 South Street, Jamaica Plain, MA 02130.

Full name and address of

President .....

Treasurer .....

Clerk .....

4. Location of Plants .....

5. Names of brands and trade or corporation name, if any, under which the products are to be sold.  
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6. Number and capacity of freezers .....

7. Is the mix purchased? .....If so, from whom purchased?  
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8. Is the mix pasteurized or not? .....

9. Number of gallons of frozen desserts and/or ice cream mix sold as such, manufactured during last calendar  
year .....

10. Is the water supply public or not? .....

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

12. Have you received a copy of the regulations? .....

I hereby certify that I will manufacture frozen desserts and/or ice cream mix 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 only under sanitary conditions.

Signature .....

City or town ..... Date .....