



**Town of Wilbraham
Commonwealth of Massachusetts
Board of Health**

APPLICATION FOR LICENSE FOR PASTEURIZATION OF MILK

Date of application: _____

Annual Fee: \$10

To the Board of Health of the Town of Wilbraham:

Application is hereby made for a license to maintain an establishment for the pasteurization of milk under the name of

Located within said Town at

Make and type of pasteurization apparatus: _____

Temperature and time at which milk is to be pasteurized: _____

Type of building construction: _____

Number of rooms for handling and processing milk: _____

Estimated quantity of milk to be pasteurized daily: _____

Estimated number of employees engaged in the establishment: _____

Number of employees who have had typhoid fever: _____

I have _____ received a copy of the 541 Code of Massachusetts Regulations which apply to this activity.

This is to certify that this establishment is in compliance with the *Regulations of the Massachusetts Department of Public Health Relative to Establishments for the Pasteurization of Milk* and otherwise in accordance with the provisions of MGL Chapter 94, Section 48 A.

Signature of applicant/representative: _____

Printed name and title: _____

Prior year license (if any): 06-01

Expires: September 30, 2006

Pursuant to the Mass. General Laws, Chapter 62C, Section 49A, I certify under 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.

Signature

SSN or Federal ID Number

business name

telephone