



TOWN OF WILBRAHAM
 240 Springfield Street
 Wilbraham, Massachusetts 01095
 Phone: 413-596-2800
 FAX: 413-596-9256

**SUPPLEMENTARY APPLICATION
 LICENSE FOR RETAIL SALE OF MILK AND CREAM**

Name of establishment: _____

Business address: _____

Mailing address (if different): _____

Name and title of applicant: _____

Address of applicant: _____

Name of owner (if different than applicant): _____

If corporation or partnership, give names, titles and home addresses of officers or partners:

Name	Title in corporation	Home address

State of incorporation: _____ Name and address of local agent: _____

Emergency contact name and telephone: _____

Type of Establishment: Retail Organization/Institution Caterer Residential Kitchen

Duration of permit: annual seasonal temporary (submit additional application form)

If seasonal, dates of operation: _____

Water source: _____ Sewage disposal: _____

Days and hours of operation: _____

Signature of applicant: _____

For Board of Health use:

Date application received:	Date inspected:
Inspected by:	Permit date and number: