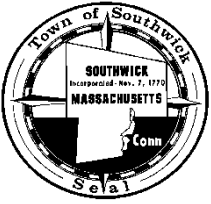


Date Received _____ Amount Paid \$ _____ Check # _____ Permit # _____

FOR BOH OFFICE USE ONLY

TCC: Initial _____ Date _____



**TOWN OF SOUTHWICK BOARD OF HEALTH
APPLICATION FOR LICENSE TO MANUFACTURE
FROZEN DESSERTS AND/OR ICE CREAM MIX
2024**

Southwick Board of Health
454 College Highway
Southwick, MA 01077
(413) 569-1212

Name of Establishment _____

Business Address _____ Phone _____

Mailing Address (if different) _____

Email _____ Fax _____

Owner, Corporation, or Partnership Information

Name _____ Title _____

Address _____ Phone _____

Frozen Dessert Manufacturing Information

Number and capacity of freezers _____

Frozen dessert mix purchased from _____

Number and type of frozen dessert machines on premises _____

How many gallons of frozen dessert and/or ice cream mix do you anticipate selling this license period? _____

Monthly bacteriological testing performed by _____

Is the facility constructed and equipped as provided in the regulations? _____

Have you reviewed the regulations? _____

APPLICATION FEE: \$ 25 PER ESTABLISHMENT

**FROZEN DESSERT APPLICATIONS DUE ANNUALLY ON THE LAST DAY FEBRUARY (MGL 65H) LICENSE PERIOD
BEGINS ON MARCH 1st AND IS VALID THROUGH THE END OF THE NEXT FEBRUARY.**

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.

SIGNATURE OF OWNER / OFFICER

DATE

CHECK OR MONEY ORDER

MAKE PAYABLE TO: Town of Southwick

NO REFUNDS