The Commonwealth of Massachusetts

TOWN OF HOLDEN

1196 Main Street, Holden, MA 01520
Phone 508-829-0254 Fax 508-829-0252

APPLICATION FOR MILK AND/OR FROZEN DESSERT LICENSE

FEE: MILK LICENSE - $ 30.00 **EXPIRES: JUNE 1, EACH YEAR**
FROZEN DESSERT - $ 40.00 **AMOUNT DUE: _____**

_____
Business Name

_____
Business Address

_____
Mailing Address (if different)

_____
Phone *Fax*

_____
Owner

_____
Home Address *Phone*

LICENSE FOR MILK: _____

Type: Store _____ Restaurant _____ Mobil _____ Other _____

Milk Dealer: _____
(Manufacturer)

_____
(Address)

How Handled: Containers _____ Dispensers _____

LICENSE FOR FROZEN DESSERTS: _____

Type: Store _____ Restaurant _____ Mobil _____ Other _____

Frozen Dessert Dealer (Ice Cream): _____
(Manufacturer)

_____
(Address)

How Handled: Containers _____ Dispensers _____

Registration of Vehicle Used (if mobil): _____

_____ _____
Signature of Applicant *Date*

FOR BOARD OF HEALTH USE ONLY

_____	_____	_____	_____
Date of Approval	Inspector	Milk Lic. #	Frozen Dessert Lic. #