



TOWN OF TEWKSBURY

HEALTH DEPARTMENT

1009 MAIN STREET

TEWKSBURY, MASSACHUSETTS 01876

978-640-4470

FAX 978-640-4472

health@teWKsbury-ma.gov

DATE: _____

Fee: **\$100.00**

APPLICATION FOR LICENSE TO MANUFACTURE FROZEN DESSERTS AND/OR ICE CREAM MIX (105 CMR 561.000)

Name of Establishment: _____

Address: _____

Telephone Number: _____ Email address: _____

Mailing Address (if different): _____

Name & Title of Applicant: _____

Address of Applicant: _____

Name of Owner (if different from applicant): _____

Telephone Number: _____ Cell Number: _____

Email Address: _____

If Corporation of partnership give name, title & home address of officers or partners.

Name

Title

Home Address

State of Incorporation: _____ Name & Address of Local Agent _____

Emergency Contact: _____ Home Telephone: _____

Email address: _____ Cell Telephone _____

Duration of Permit

Annual *List dates of Operation:* _____

Seasonal *List dates of Operation:* _____

Additional Information

Water Source: Private Well Town Water

Sewage Disposal: On-site septic Town Sewer

Names of Brands and trade of Corporation, if any under which the products are to be sold:

List Frozen Dessert(s) to be served at your establishment

Name of Company performing monthly lab sampling:

Company: _____

Address: _____

Telephone Number: _____

Pursuant to M.G.L. Ch. 62C, sec 49A, I certify under the 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 of Applicant

Social Security Number or
Federal Identification Number

Signature of Individual or Corporate Name

By _____
Corporate Officer (if applicable)

Submit the following documents with application:

- "Workers Compensation Insurance Affidavit: General Business"
- Insurance Binder with your facility name and address included (if required)

FOR HEALTH DEPARTMENT USE ONLY

Date Received

Check Number

Amount Paid

Permit # Issued