



Town of Fairhaven Board of Health

Town Hall • 40 Center Street • Fairhaven, MA 02719
Telephone: (508) 979-4023 ext. 125 • Fax: (508) 979-4079



Public Health
Prevent. Promote. Protect.

Frozen Dessert Permit Application

In accordance with the provisions of Section 65H of Chapter 94 of the General Laws, as most recently amended, and the regulations made thereunder, the undersigned hereby applies for a license for the **WHOLESALE / RETAIL** manufacture of frozen desserts and or ice cream mix and submits the following information:

1. Full name of applicant:
2. Business address:
3. If applicant is an individual:

Full Name: _____ Residence: _____

3a. If application is a partnership, full name and residence of all partners:

3b. If applicant is a corporation:

State of incorporation: _____
Date of incorporation: _____
Principal office: _____
Name/address of:
President _____
Treasurer _____
Clerk _____

4. Location of Plants: _____

5. Names of brands and trade or corporation name, if any, under which the products are to be sold:

6. Number and capacity of freezers:_____

7. Is the mix purchased? Yes No:

8. If Yes, from whom:_____

9. Number of gallons of frozen desserts and/or ice cream mix sold as such in Massachusetts, manufactured during the last calendar year:

10. Type of Machine : Name Brand_____

Model # _____

Is the water supply public? Yes No

11. Is the plant constructed and equipped as provided in the regulations:

12. Have you received a copy of the regulations?

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.

Signature _____

Date _____

Social Security or Federal Tax Identification Number _____