



Town of Holbrook  
Board of Health  
50 North Franklin Street  
Holbrook, Massachusetts 02343

Tel: 781-767-3030  
Fax: 781-767-9562

**Application for Permit to Manufacture or Sell Frozen Desserts and or Ice Cream Mix**

This license is subject to the Rules and Regulations of the Massachusetts Department of Public Health relative to frozen desserts and or frozen dessert mix or ice cream mix, and to the Rules and Regulations of the Holbrook Board of Health granting this license, and to the provision of MGL c.94: section g to u, as most recently amended, and may be revoked or suspended in accordance with the provisions of Section 65J of the above stated chapter.

**Fee: \$20-- Make checks payable to the Town of Holbrook**

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Number: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

If corporation or partnership, give name, title and phone numbers of officers or partners: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Response Person & Number: \_\_\_\_\_

If mix, description of where it was purchased, what brand and what water supply is being used: \_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pursuant to M.G.L. c. 62C, section 49 A, I certify under penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

Signature of Applicant: \_\_\_\_\_