



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 Sell Milk and Cream (Store)

Fee: \$10 --- Make checks payable to the Town of Holbrook

Date: _____

Name of Applicant: _____ Tel. Number: _____

Address: _____

Business Name: _____ Tel. Number: _____

Business Address: _____

The undersigned certifies that the information below is true. Any changes will be promptly communicated to the Inspector of Milk/ Board of Health.

Furthermore, pursuant to M.G.L. Chapter 62C, Section 49A, 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.

Please sign below,
