

**COMMONWEALTH OF MASSACHUSETTS
TOWN OF HOLLAND – BOARD OF HEALTH
413-245-7108 x112**

**APPLICATION FOR LICENSE TO MANUFACTURE OR SELL FROZEN
DESSERTS AND/OR ICE CREAM MIX**

FEE: \$75.00

**MAKE CHECK PAYABLE TO: TOWN OF HOLLAND and RETURN TO: HOLLAND BOH, 27
STURBRIDGE ROAD, HOLLAND MA 01521.**

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

Legal Business Name (Corp., LLC, etc) _____

DBA (if Different) _____

Business Address _____

Parcel ID# (Please obtain this from the Assessor's Dept) _____

Mailing Address _____

Business Phone _____ email _____

Owner/President Name _____

Number and capacity of freezers: _____

Frozen dessert mix purchased from: _____

Number and Type of frozen dessert machines on premises: _____

How many gallons of frozen dessert and/or ice cream mix do you anticipate selling this license period? _____

Monthly bacteriological testing performed by: _____

Is the facility constructed and equipped as provided in the MA General Law? _____

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/sold under sanitary conditions. I attest that the information stated in this application is true and accurate under the pains and penalties of perjury.

Name (Please Print)

Signature

**FROZEN DESSERT APPLICATIONS DUE ANNUALLY IN FEBRUARY (MGL 65H)
LICENSE PERIOD BEGINS ON MARCH 1st AND IS VALID FOR ONE YEAR.**

CHECK NUMBER: _____

PERMIT NUMBER: _____