

Town of Franklin

Board of Health



Bruce J. Hunchard, Member
Paul Cheli, Member
Donald Ranieri Jr., Member
David McKearney, RS, Health Director
Emily C. Coyne, Assistant Agent
Virginia McNeil, Administrative Assistant

355 East Central Street
Franklin, MA 02038-1352
(508) 520-4905
FAX (508) 520-4989
WEB: www.franklin.ma.us

Fee \$ 32.00

No. _____

APPLICATION FOR PERMIT FOR MILK AND CREAM STORE AND MILK AND CREAM VEHICLE

Name of Establishment _____ Date _____

Business Address _____

Mailing Address (if different) _____

Name and Title of Applicant _____

Address of Applicant _____

Name of Owner (if different from applicant) _____

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

| <u>Name</u> | <u>Title</u> | <u>Home Address</u> |
|-------------|--------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

State of Incorporation _____ Name and Address of Local Agent _____

Emergency Response Person: Name _____ Home Phone _____

| <u>Type of Establishment</u> | <u>Fee</u> | <u>Duration of Permit</u> | <u>Amount to be paid</u> |
|------------------------------|------------|---------------------------|--------------------------|
| Retail | _____ | _____ | _____ |
| Food Service | _____ | _____ | _____ |
| Caterer | _____ | _____ | _____ |
| Mobile Food* | _____ | _____ | _____ |
| Residential | _____ | _____ | _____ |
| | | Total | _____ |

Dates of Operation if not Annual: _____

Payment is due
With
Application

Signature of Applicant _____ Date _____

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.

Social Security Number or Federal
Identification Number

Signature of Individual or Corporate Name

By _____
Corporate Officer(if applicable)

FOR BOARD OF HEALTH USE ONLY

Date Received

Date Inspected

Approved By

Permit Issued #
