



TOWN OF MARBLEHEAD Board of Health

Michelle Gottlieb, Chair
Todd Belfbecker D.M.D.
Helaine R. Hazlett

(781) 631-0212

7 Widger Road

Marblehead, MA 01945

Andrew Petty, Director

APPLICATION FOR LICENSE TO MANUFACTURE OR SELL FROZEN DESSERTS AND/OR ICE CREAM MIX FEE: \$25.00

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 _____

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? _____

How will the product be transported ? _____

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



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