



BOARD OF HEALTH

CHARLES E. SHEPARD MUNICIPAL BUILDING

48 High Street • P.O. Box 478 • Warren MA 01083-0609 • Tel. 413- 436-5701 ext:112 • Fax 413- 436-9754

Application for Frozen Dessert Manufacturing

Permit Fee: \$75

1. Contact Information:

Name of Establishment: _____

Business Address: _____

Mailing (if different): _____

E-Mail: _____ Phone Number: _____

2. Owner, Corporation, or Partnership Information:

Name: _____ Title: _____

Address: _____

E-Mail: _____ Phone Number: _____

3. Frozen Dessert Information:

Type of Establishment: _____ Number of Machines: _____

Name of Certified Laboratory (Monthly Testing): _____

Address of Certified Laboratory: _____

Name of Supplier of Milk Products: _____

Address of Supplier of Milk Products: _____

Phone Number of Supplier of Milk Products: _____

4. Required Documentation:

- Copy of valid Food Manager Certification must be on file with the Board of Health or enclosed with this application
- Copy of valid Allergen Awareness Certification must be on file with the Board of Health or enclosed with this application



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***Permits will NOT be issued for incomplete applications; please ensure you have submitted all necessary documentation.**

**** Any renewal application received after expiration date will be subject to a 50% late fee.**

Please contact the Board of Health with any questions.

I hereby certify by signing this application that I am an owner or officer of the above business, and all the information provided is true and correct. I agree to comply with the applicable rules and regulations (105 CMR 561.000). I will manufacture such products only from pure and wholesome ingredients and only under sanitary conditions. I agree to allow the Board of Health, or its agents, access to the establishment to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

Name: _____

Signature: _____

Date: _____

For Official Use Only

Date: _____ Fee Paid: \$ _____ Check #: _____ Permit #: _____

Date of Review: _____

Reviewed by: _____