



TOWN OF TEWKSBURY

BOARD OF HEALTH
@ THE SENIOR CENTER
175 CHANDLER STREET
TEWKSBURY, MASSACHUSETTS 01876

Lou-Ann C. Clement, C.H.O.
Director of Public Health

(978) 640-4470
Fax: (978) 640-4472

DATE: _____

Fee: \$45.00

Application for Permit to Manufacture, Sell, and/or Serve Frozen Desserts

Name of Establishment _____

Address: _____

Telephone Number: _____ Email address: _____

Mailing Address (if different): _____

Name & Title of Applicant: _____

Address of Applicant: _____

Name of Owner (if different from applicant): _____

Telephone No. _____ Cell Number : _____

Email Address: _____

If Corporation of partnership gives name, title & home address of officers or partners.

Name	Title	Home Address
_____	_____	_____
_____	_____	_____

State of Incorporation: _____ Name & Address of Local Agent _____

Does your establishment have an emergency response plan in place: Yes _____ No _____

Emergency Response Person: _____ Home Telephone: _____

Address: _____ Cell Telephone _____

Attach the following documents:

- "Workers Compensation Insurance Affidavit: General Business"
- Insurance Binder with your facility name and address included

Board of Health Hours: 7:30 AM to 4:30 PM

Director's Office Hours: Monday – Friday 8:00 AM to 9:00 AM and 3:00 PM to 4:30 PM
Sanitarian Office Hours: Monday – Friday 7:30 AM to 9:00 AM and 3:00 to 4:30 PM

Duration of Permit

Annual *List dates of Operation:*

Seasonal

List dates of Operation

Additional Information

Water Source

Sewage Disposal

If Manufacturing: Name and location(s) of plant

Names of Brands and trade of Corporation, if any under which the products are to be sold:

List Frozen Dessert(s) to be served at your establishment

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.

Signature of Applicant

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

Check Number

Amount Paid

Permit # Issued

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Sanitarian Office Hours: Monday – Friday 7:30 AM to 9:00 AM and 3:00 to 4:30 PM