TOWN OF TEWKSBURY

HEALTH DEPARTMENT
1009 MAIN STREET
TEWKSBURY, MASSACHUSETTS 01876
978-640-4470
FAX 978-640-4472
health@tewksbury-ma.gov

DATE:_____ **Fee: $55.00**

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 Number:_____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

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 HEALTH DEPARTMENT USE ONLY

Date Received | Check Number | Amount Paid | Permit # Issued