

## TOWN OF RAYNHAM Selectmen and Board of Health

558 South Main Street Raynham, MA 02767 Tel: 508-824-2766

Fax: 508-824-1540

## APPLICATION FOR LICENSE TO MANUFACTURE FROZEN DESSERTS AND/OR ICE CREAM

FEE: \$50.00

In accordance with the provisions of section 65H of Chapter 94 of the M.G.L., as amended, and the regulations made thereunder, the undersigned hereby applies for a license for the manufacture of frozen desserts and/or ice cream mix and submits the following information:

Name of Applicant								
Business Address								
Mailing Address								
Business Phone								
Business Contact Name								
E-Mail					Emergency Phone			
Hours of Operation								
Is the mix purchased?	Υ	N	If so, from whom? _					
Is the mix pasteurized?	Υ	N	Public Water? Y	N				
frozen dessert product (i	ce crea	am, sh ot run	erbet, frozen yogurt) <mark>բ SPC test on frozen y</mark>	oer m	onth by	al tests performed on at least one <i>dairy</i> by a DPH approved laboratory? Y raining live culture bacteria. Coliform	N	
Name of DPH approved	testing	labora	atory:					
compliance with all law regulations promulgate	s of the d by the attest	he Cor the De	nmonwealth of Mass partment of Public H	sachı lealth	usetts n made	II in Raynham will be manufactured in pertaining thereto and all rules and e thereunder and will be manufacture blication is true and accurate under the	ed under	
Applicant's Signature/Tit	le					Date		
Pursuant to MGL Ch. 6 belief, have filed all sta						of perjury that I, to my best knowledge I under law.	e and	
Signature of Individual	or Co	rporat	e Name:			is included in a FOI Request		