

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF LEICESTER

MILK PERMIT APPLICATION

DATE:

Name of Establishment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Name & Title of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Name of Owner (if different from applicant) \_\_\_\_\_

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

Name

Title

Home Address

---

---

---

State of \_\_\_\_\_ Name & Address  
Incorporation: \_\_\_\_\_ of local Agent: \_\_\_\_\_

Emergency response Person: Name \_\_\_\_\_

Type of Establishment

Fee

Retail Food ?      Food Service ?      Caterer ?      Seasonal ?

Mobile Food ?

**MILK PERMIT**

**TOTAL**

**\$ 10.00**

Dates of Operation if not Annual: \_\_\_\_\_

\*Applications for mobile food units or pushcarts must include a list of the hand wash and toilet facilities available on each route. Attach a separate sheet.

**See other side**

Additional Information

Water Source \_\_\_\_\_ Sewerage Disposal \_\_\_\_\_

Days of Operation: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

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.

\_\_\_\_\_  
Social Security # or Federal Identification #    \_\_\_\_\_  
Signature of Individual or Corporate Name

By \_\_\_\_\_  
Corporate Officer (if applicable)

\_\_\_\_\_  
FOR BOARD OF HEALTH USE ONLY

Date Received                      Date Inspected                      Approved by                      Permit # Issued

\_\_\_\_\_