

FOR BOARD OF HEALTH	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. FDM -	YEAR 2012/2013
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APPLICATION FOR LICENSE TO MANUFACTURE FROZEN DESSERTS AND/OR ICE CREAM MIX



NORTHAMPTON BOARD OF HEALTH
212 MAIN STREET
NORTHAMPTON, MA 01060
(413) 587 - 1214

CASH CHECK
LICENSE FEE: \$5.00

Date _____

Name of Establishment _____

Business Address _____

Mailing Address (If different) _____

Name & Title of Applicant _____

Address of Applicant _____

Name of Owner (If different) _____

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

Name Title Home Address

NOTE: As of **October 1, 2001**, at least one Certified Food Manager is required for all Food Service operations which handle potentially hazardous foods (PHFs). As of **February 1, 2011**, have a staff person who has completed allergen awareness training. A copy of each certificate must be on file at the Health Office. **Please include a copy of each certificate with this application.**

Name of brands and trade or corporation name, if any, under which the products are to be sold:

Number and capacity of freezers _____

Is the mix purchased or not? YES NO Is the mix pasteurized or not? YES NO

Number of gallons of frozen desserts and/or ice cream mix to be sold in Massachusetts during the licensing period N/A
During the previous licensing period N/A

Is the plant and freezer units constructed and equipped in an approved manner? YES NO

Is the water supply public or not? YES NO Is sewage disposal public? YES NO

_____ Social Security or Federal ID#

_____ Telephone #

_____ Signature of Individual or Corporate Officer

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON