



**CITY OF PEABODY  
DEPARTMENT OF HUMAN SERVICES  
24 Lowell Street  
Peabody, Massachusetts 01960  
(978) 538-5926  
Fax: (978) 538-5990**

**BOARD OF HEALTH  
BERNARD H. HOROWITZ,  
CHAIRMAN  
THOMAS J. DURKIN III  
LEIGH ANN MANSBERGER, MD, MPH**

**SHARON CAMERON  
DIRECTOR**

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

**Board of Health  
Peabody, MA**

In accordance with the provisions of Section 65H of Chapter 94 of the General Laws, as most recently amended, and the regulations made thereunder, the undersigned hereby applies for a license for the WHOLESALE / RETAIL manufacture of frozen desserts and or ice cream mix and submits the following information:

1. Full name of applicant:
2. Business address:
3. If applicant is an individual:

Full Name: \_\_\_\_\_ Residence: \_\_\_\_\_

3a. If application is a partnership, full name and residence of all partners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3b. If applicant is a corporation:

State of incorporation: \_\_\_\_\_  
Date of incorporation: \_\_\_\_\_  
Principal office: \_\_\_\_\_  
Name/address of:  
President \_\_\_\_\_  
Treasurer \_\_\_\_\_  
Clerk \_\_\_\_\_

4. Location of Plants: \_\_\_\_\_  
\_\_\_\_\_



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

\_\_\_\_\_

6. Number and capacity of freezers: \_\_\_\_\_

7. Is the mix purchased? Yes No:

8. If Yes, from whom: \_\_\_\_\_

9. Number of gallons of frozen desserts and/or ice cream mix sold as such in Massachusetts, manufactured during the last calendar year: \_\_\_\_\_

10. Is the water supply public? Yes No

11. Is the plant constructed and equipped as provided in the regulations: \_\_\_\_\_

12. Have you received a copy of the regulations? \_\_\_\_\_

I hereby certify that the frozen desserts and/or ice cream mix I sell in Massachusetts will be manufactured in compliance with all laws of the Commonwealth of Massachusetts pertaining thereto and all rules and regulations promulgated by the Massachusetts Department of Public Health made thereunder and will be manufactured under sanitary conditions.

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**Permit fee: \$25.00**

\_\_\_\_\_  
Signature of Individual or Corporate Name

Date: \_\_\_\_\_

Social Security Number or Federal Identification No: \_\_\_\_\_