



Hubbardston Board of Health

7 Main Street, Unit #2

Hubbardston, MA 01452

978-928-1400 x212

health@hubbardstonma.us

Pasteurization of Milk Permit Application

Name of Establishment: _____

Address: _____

Telephone Number _____

Mailing Address if different: _____

Applicant Name & Title: _____

Address: _____

Telephone Number: _____ 24-Hour Emergency Telephone: _____

Make and Type of pasteurization apparatus: _____

Temperature and time at which milk is to be pasteurized: _____

Type of Building Construction: _____

Estimated quantity of Milk to be pasteurized daily: _____

The undersigned attest to the accuracy of the information provided in this application and to the best of my knowledge and belief.

Pursuant to the provisions of MGL Chapter 40, Section 57 certification that no debt is owed to the Town of Hubbardston by the applicant or owner must be obtained from the Tax Collector before this form is submitted to the Board of Health.

No debt is owed: _____ Debt is owed: _____

Signature of Tax Collector: _____ Date: _____

Date received by the Board of Health: _____

Signature of Applicant: _____ Date: _____