



## Hubbardston Board of Health

7 Main Street, Unit #2

Hubbardston, MA 01452

978-928-1400 x212

[health@hubbardstonma.us](mailto:health@hubbardstonma.us)

### Application to Sell Frozen Desserts and /or Ice Cream Mix

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

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

Telephone Number \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Number and Capacity of Freezers:: \_\_\_\_\_ How many gallons will be sold: \_\_\_\_\_

Is soft serve mix used: \_\_\_\_\_ If so, from whom do you purchase: \_\_\_\_\_

Is facility constructed and equipped as provided in the M.G.L. c. 94 65G-U \_\_\_\_\_

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/sold under sanitary conditions.

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: \_\_\_\_\_