



**TOWN OF MERRIMAC
BOARD OF HEALTH**
2 School Street
Merrimac, MA 01860
Tel: 978-346-4066

Annual Fee: \$10.00
Payable to Town of Merrimac

APPLICATION TO SELL FLUID MILK AND MILK PRODUCTS

Application is made for a license to sell milk and milk products in the town of Merrimac in accordance with the provisions of 105 CMR 590.004 of the State Sanitary Code, Chapter X, Minimum Sanitation Standards for Food Establishments, effective 10/1/2000.

All of the following questions must be completed in full and returned to this office with the required license fee before a license will be issued.

Type of Business:

☐ **Retailer** ☐ **Mobile or Caterer** ☐ **Food Establishment** (selling to consumers)

Owner or Manager Name _____ **Tel.** _____

Business Name _____

Business Address _____

Mailing Address _____

Telephone Number (____) _____

E-Mail: _____

If Corporation is a partnership, give name, title and home address of officers or partners.

NAME	TITLE	HOME ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

Source of Milk:

Dealer: _____

Types of milk products to be sold:

Whole Milk ☐ **Skimmed Milk** ☐ **Cream** ☐ **Frozen** ☐ **Other** ☐

SSN or FIN _____

Signature _____ **Title** _____ **Date** _____

Print Name _____

Permit Expires December 31.

Rev. 05-01-07