



TOWN OF MILFORD
BOARD OF HEALTH

Milford Town Hall 52 Main Street, Milford MA01757
Phone (508) 634-2315 Fax (508) 473-1380

APPLICATION FOR STORE LICENSE TO SELL MILK & CREAM

Annual Permit Fee: \$10 (Payable to the Town of Milford)
APPLICATION FEES ARE NON-REFUNDABLE

FOOD ESTABLISHMENT INFORMATION

**APPLICATION IS HEREBY MADE FOR A PERMIT TO SELL MILK AND CREAM,
IN ACCORDANCE WITH THE MASSACHUSETTS GENERAL LAWS.**

NAME OF ESTABLISHMENT: _____

ADDRESS: _____

EMAIL: _____

TYPE OF ESTABLISHMENT: _____

ESTABLISHMENT TELEPHONE #: _____

IF APPLICANT IS PARTNERSHIP, FULL NAME AND RESIDENCE OF PARTNERS:

IF APPLICANT IS A CORPORATION: _____ **STATE OF CORP:** _____

FULL NAME AND ADDRESS OF PRESIDENT, TREASURER AND CLERK:

ADDRESS: _____

TELEPHONE: _____

NAME OF MILK AND CREAM PRODUCT(S): _____

SIGNATURE _____