Commonwealth of Massachusetts

TOWN OF PLYMOUTH– BOARD OF HEALTH

508-747-1620

Milk & Cream License January 1st through December 31st Annually

APPLICATION FOR PERMIT TO SELL MILK & CREAM

FEE: $10.00

MAKE CHECK PAYABLE TO: Town of Plymouth
RETURN TO: Health Dept., 11 Lincoln St., Plymouth, MA 02360

LEGAL BUSNESS NAME (Corp, LLC, ETC):_____

DBA if Different: _____

BUSINESS ADDRESS**:** _____

PARCEL ID# (Pleas obtain from the Assessor's Office):_____

MAILING ADDRESS:_____

BUSINESS PHONE_____ CORP. PHONE_____

OWNER/PRESIDENT NAME:_____

WHERE WILL MILK/DAIRY BE PURCHASED FROM: _____

_____

LIST TYPES OF DAIRY PRODUCTS TO BE SOLD:_____

_____

_____

_____ _____
NAME (Please Print) SIGNATURE:

MILK PERMITS EXPIRE ON DECEMBER 31st.

FOR OFFICE USE ONLY:

MUNIS NUMBER:_____ ACCESS:_____ MAILED:_____