



Commonwealth of Massachusetts
TOWN OF PLYMOUTH
PUBLIC HEALTH DEPARTMENT
 508-747-1620 X10118
 Fax: 508-830-4062
 26 Court Street
 Plymouth, Massachusetts 02360

FEE: \$50.00

Frozen Dessert / Ice Cream License January 1st through December 31st Annually

In accordance with the provisions of Section 65H, Chapter 94 of the MA General Laws, as most retail manufacture of frozen desserts and or ice cream mix and submits the recently amended, and the regulations made thereunder, the undersigned hereby applies for a license for the following information:

Legal Business Name (Corp., LLC, etc) _____

DBA (if Different) _____

Business Address _____

Parcel ID# (Please obtain this from the Assessor's Dept) _____

Mailing Address _____

Email Address _____

Business Phone _____ Corporate Phone _____

Owner/President Name _____

Freezer(s): _____ List their volume capacity: _____

Frozen Desserts include but is not limited to ice cream, French ice cream, low fat ice cream, nonfat ice cream, frozen custard, gelato, ice milk, sherbet, sorbet, frozen yogurt, water ice, quiescently frozen confection, quiescently frozen dairy confection, frozen dietary dairy dessert, any soy-based frozen dessert, any rice-based frozen dessert, and any other similarly constituted product marketed as a frozen dessert including products made from the milk of cows, sheep, goats, and other dairy animals. **Frozen Dessert Mix** is any unfrozen mixture to be used in the manufacture of frozen desserts or milk shakes.

<input type="checkbox"/> Frozen Custard	<input type="checkbox"/> Gelato	<input type="checkbox"/> Ice Cream: Soft-Serve	<input type="checkbox"/> Ice Cream: Not Soft-Serve
<input type="checkbox"/> Sherbet	<input type="checkbox"/> Frozen Yogurt Not Soft-Serve	<input type="checkbox"/> Frozen Yogurt Soft-Serve	<input type="checkbox"/> Sorbet
<input type="checkbox"/> Milk Shake (Soft-Serve)		<input type="checkbox"/> Other - Specify: _____	

Is the soft-serve mix purchased? Yes No If yes: Where was it purchased? _____

How many gallons of frozen dessert and/or ice cream mix do you anticipate selling this license period? _____

Is the facility constructed and equipped as provided in the MA General Law? Yes No

Monthly bacteriological testing will be performed by: _____
 (Name of certified lab)

Frozen desserts produced using a Frozen Dessert Mix shall have the final product tested by a laboratory approved by the Massachusetts Department of Public Health (MDPH) at least once a month. The laboratory must submit copies of the results to the Plymouth Public Health Department.

Non-dairy frozen desserts do not require bacteriological testing. Non-dairy frozen desserts include sorbet, water ices, Italian ice, slush, and some frozen coffee beverages.

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. I attest that the information stated in this application is true and accurate under the pains and penalties of perjury.

Name (Please Print)

Signature

FOR OFFICE USE ONLY:

MA DRIVER LICENSE COPY:

PERMIT MAILED:

MUNIS NUMBER: _____

ACCESS: _____

For New Establishments Manufacturing Frozen Desserts and Frozen Dessert Mix - In addition to this application, submit a completed **“Food Establishment Plan Review Application”**. **This is not required for existing food establishments who are only adding Frozen Dessert Manufacturing to their existing operation.**

For New Food Establishments – In addition to this application, submit a completed **“Food Establishment Permit Application”**. **This is not required for existing food establishments who are only adding Frozen Dessert Manufacturing to their existing operation.**