



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

FEE: \$25.00

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

APPLICATION TO SELL MILK & CREAM

MAKE CHECK PAYABLE TO: Town of Plymouth
RETURN TO: Public Health Department, 26 Court St., Plymouth, MA 02360

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

DBA if Different: _____

BUSINESS ADDRESS: _____

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

MAILING ADDRESS: _____

EMAIL: _____

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: _____

FOR OFFICE USE ONLY:

Review Packet on file
Munis Number: _____