



TOWN OF WEST BOYLSTON
 BOARD OF HEALTH
 140 WORCESTER STREET
 WEST BOYLSTON, MASSACHUSETTS 01583

APPLICATION PERMIT FOR FROZEN DESSERTS & FROZEN DESSERT MIXES

FEE: \$100.00

Business Name _____

Business Address _____ Phone _____

Mailing Address _____

Applicants Name _____ E-mail address _____

Applicants Mailing Address _____ Phone _____

Emergency Contact _____ Phone _____

Cell Phone Number _____

Make Check Payable to the Town of West Boylston

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

Required monthly laboratory test results must be sent via e-mail to mlee@westboylston-ma.gov

Social Security or Federal I.D. Number

 Signature of Applicant

 Date

 Signature of Owner if not Applicant