



# TOWN OF LUDLOW

## HEALTH DEPARTMENT

488 Chapin Street  
Ludlow, MA 01056  
(413) 583-5600 ext. 1271 TEL  
(413) 583-5689 FAX



**Public Health**  
Prevent. Promote. Protect.

### **Application for Frozen Dessert Manufacturing**

**Permit Fee: \$50**

#### **1. Contact Information:**

Name of Establishment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing (if different): \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### **2. Owner, Corporation, or Partnership Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### **3. Frozen Dessert Information:**

Type of Establishment: \_\_\_\_\_ Number of Machines: \_\_\_\_\_

Name of Certified Laboratory (Monthly Testing): \_\_\_\_\_

Address of Certified Laboratory: \_\_\_\_\_

Name of Supplier of Milk Products: \_\_\_\_\_

Address of Supplier of Milk Products: \_\_\_\_\_

Phone Number of Supplier of Milk Products: \_\_\_\_\_

#### **4. Required Documentation:**

- ☐ Copy of valid Food Manager Certification must be on file with the Health Department or enclosed with this application
- ☐ Copy of valid Allergen Awareness Certification must be on file with the Health Department or enclosed with this application

**\*Permits will NOT be issued for incomplete applications; please ensure you have submitted all necessary documentation.**

**\*\*Any renewal application received after February 28th will be subject to a 50% late fee.**

**Please contact the Health Department with any questions.**

I hereby certify by signing this application that I am an owner or officer of the above business, and all the information provided is true and correct. I agree to comply with the applicable rules and regulations (105 CMR 561.000). I will manufacture such products only from pure and wholesome ingredients and only under sanitary conditions. I agree to allow the Health Department, or its agents, access to the establishment to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**For Official Use Only**

Date: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Permit #: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Reviewed by: \_\_\_\_\_