



TOWN OF CHILMARK
CHILMARK, MASSACHUSETTS

Board of Health

401 Middle Road
Post Office Box 119
Chilmark, MA 02535
Tel: (508) 645-2105
Fax (508) 645-2110
E-mail: boh@chilmarkma.gov

Permit #: _____

Permit Fee: \$10.00 Paid: _____

**APPLICATION FOR A
PERMIT for the
MANUFACTURE AND SALE OF FROZEN DESSERTS**
Permit expires one year after date of issue unless sooner revoked for cause

Establishment: _____

Mailing Address: _____

Owner/Operator: _____

Phone: _____ E-mail: _____

Description of Product(s) and Processes: _____

The undersigned hereby agrees to comply with the Town of Chilmark Board of Health Regulations and relevant provisions of United States and Commonwealth of Massachusetts laws and regulations relating to the manufacture and sale of frozen dessert products, including full compliance with Massachusetts State testing requirements as contained in 105 CMR 561.000, "Frozen Desserts and Frozen Dessert Mixes".

Signature of Applicant: _____ Date: _____

Board of Health Approval: _____ Date: _____