



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](mailto:boh@chilmarkma.gov)  
Hours: 9am to 2pm, M-F

Permit #: \_\_\_\_\_

Permit Fee: \$100.00  
Paid: \_\_\_\_\_

**PERMIT APPLICATION for the  
PASTEURIZATION OF MILK**

*Permit expires one year after date of issue unless sooner revoked for cause*

Farm/Location: \_\_\_\_\_

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

Owner/Operator: \_\_\_\_\_

Phone: \_\_\_\_\_ 24-hour emergency number

E-mail: \_\_\_\_\_

Estimated quantity of milk to be pasteurized daily: \_\_\_\_\_ gpd

*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 production and pasteurization of milk and milk products, including full compliance with Massachusetts State testing requirements.*

Signature of Applicant: \_\_\_\_\_

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

Board of Health Approval: \_\_\_\_\_

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