

**City of Medford
Board of Health
85 George P. Hassett Dr.
Medford, MA. 02155**

Tel#: (781) 393-2560

Fax: (781) 393-2562

Application for a Permit to Sell Milk, Cream, Ice Cream & Frozen Soft Serve

Fee: \$40.00 (Payable by Check Only)

Type of Use: Milk Only Frozen Dessert (Soft Serve) Only Milk & Frozen Dessert
(check one)

Include: Application
 Application Fee of 40.00
 Copy of Certified Food Manager Certificate

Name of Company: _____

Address: _____

Telephone #: _____

Type of Business: _____

If doing Business from a truck, Registration # _____

Owner

Name: _____

Home Address: _____

Home Telephone: _____

Manager

Name: _____

Address: _____

Telephone #: _____

Soft Serve/Frozen Dessert is Sold: Yes No

I will maintain the establishment in compliance with all regulations, and in a clean and sanitary manner. Signed under the pains & penalties of perjury.

Signature of Owner, Manager, or Agent _____

Date: _____

Per 105 CMR 590.000, US Dept. of Health and Human Service Food Code 1999 and Medford Board of Health Regulation 1 – Permits may be suspended, revoked, or modified by the Board of Health, its agents, or employees for the failure of the owner, manager, staff or agent to comply with the conditions and requirements of these regulations. Notice will served in writing, sent by certified mail to the last known address of the alleged violator. Upon seven days of the written notice, a written request may be submitted to request a hearing before the Board. In the event the Board of Health, its agents or employees deem that the health, safety or welfare of the occupants or residents of the City of Medford is jeopardized and that the an emergency exists, it may order all operations terminated, and the establishment closed.

**** ALL PERMITS FOR FOOD ESTABLISHMENTS EXPIRE ON DECEMBER 31 OF EACH YEAR**