



TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

*Medway Town Hall
155 Village Street
Medway, MA 02053
Phone (508) 533-3206*

BOARD OF HEALTH

Application for License to Manufacture Frozen Desserts & Frozen Dessert Mix

Date: _____

Type of Application: ☐ New ☐ Renewal

Establishment Information:

Establishment Name: _____

Address: _____ Medway, Massachusetts 02053

Mailing Address (if different): _____

Phone Number: _____ Email: _____

Applicant Information:

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Owner Information:

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Type of Product(s):

Check all that apply

- | | | | |
|---|---------------------------------|---|---|
| <input type="checkbox"/> Frozen Custard | <input type="checkbox"/> Gelato | <input type="checkbox"/> Ice Cream (soft serve) | <input type="checkbox"/> Ice Cream (not soft serve) |
| <input type="checkbox"/> Sherbet | <input type="checkbox"/> Sorbet | <input type="checkbox"/> Frozen Yogurt (soft serve) | <input type="checkbox"/> Frozen Yogurt (not soft serve) |

☐ Other (specify): _____

Source of Ingredient(s): _____

Number and type of frozen dessert machines on premises: _____

*** Frozen desserts produced shall have the final product tested by a laboratory approved by the Massachusetts Department of Public Health (MDPH) at least once a month. The laboratory must submit copies of the results to the Medway Board of Health. Non-dairy frozen desserts do not require bacteriological testing. Non-dairy frozen desserts include sorbet, water ices, Italian ice, slush and some frozen coffee beverages.

Statement: Pursuant to M.G.L. Ch. 62C, Sec. 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 law. I hereby attest to the accuracy of the information provided in the application and affirm to comply with all rules and regulations promulgated by the Massachusetts Department of Public Health made thereunder and products will be manufactured/sold under sanitary conditions.

Name (Please Print)

Signature

Submit the following:

- Completed Application for License to Manufacture Frozen Dessert & Frozen Dessert Mix. Incomplete applications and missing documents may delay the review and permitting process.
- Permit Fee of \$75.00- Make check payable to "Town of Medway"
- Certified Food Protection Manager Certificate
- Allergen Awareness Certificate