

COMMONWEALTH OF MASSACHUSETTS

TOWN OF MILFORD

APPLICATION FOR STORE LICENSE TO SELL MILK AND CREAM

NO. _____

DATE _____

TO THE BOARD OF HEALTH OF MILFORD:

APPLICATION IS HEREBY MADE FOR A PERMIT TO SELL MILK AND CREAM, IN ACCORDANCE WITH THE MASS. GENERAL LAWS.

NAME OF ESTABLISHMENT

ADDRESS

TYPE OF ESTABLISHMENT

ESTABLISHMENT TELEPHONE

IF APPLICANT IS PARTNERSHIP, FULL NAME AND RESIDENCE OF PARTNERS.

IF APPLICANT IS A CORPORATION _____ STATE OF CORP. _____

FULL NAME AND ADDRESS OF PRESIDENT, TREASURER AND CLERK

NAME OF MILK AND CREAM PRODUCER _____

ADDRESS _____ TELEPHONE: _____

SIGNATURE: _____