



**TOWN OF MERRIMAC  
BOARD OF HEALTH**  
2 School Street  
Merrimac, MA 01860  
Tel: 978-346-4066

**Annual Fee: \$10.00**  
Payable to Town of Merrimac

**APPLICATION TO SELL FLUID MILK AND MILK PRODUCTS**

Application is made for a license to sell milk and milk products in the town of Merrimac in accordance with the provisions of 105 CMR 590.004 of the State Sanitary Code, Chapter X, Minimum Sanitation Standards for Food Establishments, effective 10/1/2000.

**All of the following questions must be completed in full and returned to this office with the required license fee before a license will be issued.**

**Type of Business:**

Retailer     Mobile or Caterer     Food Establishment (selling to consumers)

**Owner or Manager Name** \_\_\_\_\_ **Tel.** \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Telephone Number (\_\_\_\_)** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**If Corporation is a partnership, give name, title and home address of officers or partners.**

NAME	TITLE	HOME ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Source of Milk:**

**Dealer:** \_\_\_\_\_

**Types of milk products to be sold:**

**Whole Milk**  **Skimmed Milk**  **Cream**  **Frozen**  **Other**

**SSN or FIN** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Permit Expires December 31.**