



CITY OF GLOUCESTER

Health Department
3 Pond Road, City Hall Annex
Gloucester, Massachusetts 01930
Phone: 978-325-5260
healthdepartment@gloucester-ma.gov



Public Health
Prevent. Promote. Protect.

APPLICATION FOR LICENSE TO MANUFACTURE FROZEN DESSERTS AND/OR ICE CREAM MIX

\$75.00 – Renewable by March 1 – All fees are non-refundable

ANY PAYMENTS RECEIVED AFTER MARCH 1st WILL BE SUBJECT TO A \$50 LATE FEE

Name of Business: _____ Contact Person: _____

Business Address: _____ Contact Email: _____

Business Phone: _____ Cell Phone: _____

Name of Company Providing Analysis: _____

Address: _____

Telephone: _____

Is the mix purchased? _____ If so, from whom? _____

Analysis must be taken once per month. Sample must be taken randomly by testing company.

Is the water supply public? Yes No

I hereby certify that the frozen desserts and/or ice cream mix I sell in Massachusetts will be manufactured in compliance with all laws of the Commonwealth of Massachusetts pertaining thereto and all rules and regulations promulgated by the Massachusetts Department of Public Health made thereunder and will be manufactured under sanitary conditions. I attest that the information stated in this application is true and accurate under the pains and penalties of perjury.

Company owner/officer's signature

Title

Date

Food Inspector: Brian Meuleman
bmeuleman@gloucester-ma.gov
978-325-5264