



City of Taunton
Board of Health
 45 School Street
 Massachusetts 02780-3212

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FROZEN DESSERT APPLICATION FORM

To Taunton Board of Health:

I hereby apply for a permit to sell/use frozen dessert within the limits of the city of Taunton between the dates of _____ and _____.
 (For renewal permit: dates should coincide with the expiration of your current permit)

I hereby certify that the information on this application sheet or any other writing appended thereto, is true and any change will be promptly communicated to the Taunton Board of Health. I also understand that it is my responsibility to have bacteriological tests performed on dessert products on a monthly basis by a certified laboratory, the results of which will be sent to The Taunton Board of Health.

Signature of applicant: _____

Name of applicant (PRINTED): _____

Date: _____

BOARD OF HEALTH USE ONLY	
APPROVED BY:	_____
TITLE:	_____
DATE:	_____