



Town of Ludlow Board of Health  
488 Chapin Street  
Ludlow, Ma 01056  
(413) 583-5600 x1271

**Application for Frozen Dessert Manufacturing**

Name of Establishment \_\_\_\_\_ Date \_\_\_\_\_

Business Address \_\_\_\_\_ Phone# \_\_\_\_\_

Mailing (if Different) \_\_\_\_\_ Email \_\_\_\_\_

Owner's Name & Phone #: \_\_\_\_\_

Type of Establishment: \_\_\_\_\_ Number of Machines: \_\_\_\_\_

Name of Certified Laboratory (Monthly Testing): \_\_\_\_\_

Address of Certified Laboratory: \_\_\_\_\_

Name of Supplier of Milk Products: \_\_\_\_\_

Supplier Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*Current copies of the Food Safety Manager Certification and the Food Allergen Awareness Certification must be on file with the Board of Health or License will not be issued.

\*\*Any renewal application received after February 28<sup>th</sup> will be subject to a 50% late fee.

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with all applicable rules and regulations (105 CMR 561.000). I will manufacture such products only from pure and wholesome ingredients and only under sanitary conditions. I agree to allow the Board of Health or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

\_\_\_\_\_  
Print name of Applicant

\_\_\_\_\_  
Signature of Applicant

Frozen Dessert License Fee: \$50.00 (cash or check) Payable to: Town of Ludlow

License expires February 28<sup>th</sup> the following year

DEPARTMENT HEAD

**FOR OFFICE USE ONLY**

DATE

APPROVED DENIED

NOTES: