



Commonwealth of Massachusetts  
**Town of Wrentham**  
Board of Health  
79 South Street, Wrentham, MA 02093

TEL: (508) 384-5480  
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APPLICATION FOR LICENSE TO MANUFACTURE\* FROZEN DESSERTS AND OR  
ICE CREAM MIX

*\*Manufacture includes any retail establishment operating a frozen dessert/dispensing machine. A frozen dessert dispensing machine is any machine that freezes, mixes and dispenses frozen desserts, including, but not limited to soft-serve machines.*

License Number:	Fee Paid:
Name of Applicant:	Title:
Address of Applicant:	
Name of Establishment:	
Address of Establishment:	
Telephone Number:	Fax Number:
24 Hour Contact Number:	Email Address:
Name of Owner: <i>(if different from applicant)</i>	
Address of Owner:	

Name of brands and trade or corporation, if any, under which the products are to be sold: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*Please see The Massachusetts Food Protection Program's policy on licensing and testing requirements for 105 CMR 561.000 Frozen Dessert Mixes and Ice Cream for more information. A copy can obtained at the Wrentham Board of Health or online at <http://www.mass.gov/eohhs/docs/dph/regs/105cmr561.pdf>*