



Town of Barre

Board of Health

40 West Street Box 431
Henry Woods Building
Barre, Massachusetts 01005

E-mail – boardofhealth@townofbarre.com

Phone 978-355-2504 x 117 Fax 978-355-5009

Permit#

Check#

FEE \$

APPLICATION FOR MILK AND/ FROZEN DESSERT PERMIT

Date: _____

Name of Establishment: _____

Business Address: _____

Telephone: _____ Fax: _____

Email **REQUIRED**: _____

Mailing Address (if different): _____

Name of Owner: _____ Telephone: _____

Emergency Contact: _____ Telephone: _____

Circle one

MILK AND CREAM

Annual \$25.00

- Restaurant
- Store
- Mobile Food
- Food Service
- other

Vehicle Registration if mobile: _____

Frozen Dessert

Annual \$25.00

- Restaurant
- Store
- Mobile Food
- Food Service
- other

*Signature of Applicant (Mandatory)

*This license will not be issued unless application is complete