

TOWN OF NORTH ANDOVER
Office of COMMUNITY DEVELOPMENT AND SERVICES
HEALTH DEPARTMENT

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

Date: _____

*To the Board of Health of North Andover in accordance with the provisions of Section 65H of Chapter 94 of the General Laws, as most recently amended and the regulations made hereunder, the undersigned hereby applies for a license for the **WHOLESALE/RETAIL** manufacture of frozen desserts and or ice cream mix and submits the following information:*

Name of Establishment (DBA): _____

Corporation Name (if different): _____

Address: _____ **Phone:** _____

Owner(s) / Operator(s): _____

Type of business: Corporation () Partnership () Owner ()

Email Address: _____

Please list licenses, permits or registrations issued by other municipal, state or federal agencies:

Names of brands and trade or corporation name, if any, under which the products are to be sold:

Freezers:

Number and capacity of freezers: _____

Mixing Equipment:

Make and Model of mixing equipment: _____ Age: _____

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

_____ is the mix pasteurized? _____

Number of gallons of frozen desserts and/or ice cream mix sold as such in Massachusetts,
manufactured during the last calendar year: _____

Regulations: Do you have a copy of the regulation(s)? _____

Is the plant constructed and equipped as provided in the regulations? _____

Dairy:

Are you manufacturing dairy products? _____

***** Please note: Non-dairy frozen desserts do not require bacterial testing *****

Testing:

What is the approved laboratory, which will conduct monthly bacteria testing?

Name: _____

Address: _____

Do you understand that the laboratory must submit copies of the results to the Board of Health and the MDPH upon completion of the analysis? _____

Bacteriological limits for frozen desserts are:

- Coliform colonies per gram
- 50,000 standard plate count per gram

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 hereunder and will be manufactured under sanitary conditions.

Authorized Signature

Printed Name

FEE: \$40 per establishment

PAYABLE TO: Town of North Andover

LATE FEE AFTER MAY 31ST WILL BE DOUBLED TO \$80.00