

Date Received _____ Check # _____ FEE: **\$25.00** Permit # _____

ABOVE FOR OFFICE USE ONLY



CITY OF CHICOPEE HEALTH DEPARTMENT
APPLICATION TO SELL
FROZEN DESSERTS

2023

Chicopee Health Department
115 Baskin Drive, Chicopee, MA 01020
(413) 594-3557

Name of Establishment _____

Address _____ Phone # _____

Mailing Address (If Different) _____

Email Address _____

Owner, Corporation, or Partnership Information

Name _____ Title _____ Address _____ Phone # _____

Name and contact information for certified coliform testing laboratory:

Name _____ Phone # _____

Address _____

* Must provide a copy of either the contract or a recent test result *

Monthly test results must be submitted to the Chicopee Health Department at least every 3 months

Name and contact information for frozen dessert mix manufacturer:

Name _____ Phone # _____

Address _____

Is the mix pasteurized? All milk-based products must be pasteurized. Yes No

Is the water supply public or private? Public Private

Number of dispensers located at the Food Service Establishment _____

Regulation: M.G.L. Chapter 94 Section 65G-U

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.

SIGNATURE OF APPLICANT

Date

CHECK OR MONEY ORDER ONLY MAKE PAYABLE TO: THE CITY OF CHICOPEE NO REFUNDS NON-TRANSFERABLE

Apply online at: permiteyes.us/chicopee/loginuser.php