

**FEE \$10.00**

OFFICE OF THE  
**Board of Health**  
29 Thompson Street  
Monson, Massachusetts 01057  
Phone - 413-267-4107 \* Fax - 413-267-3726

**APPLICATION FOR MILK & CREAM LICENSE**

Date: \_\_\_\_\_

To the Licensing Authorities:  
The undersigned hereby applies for a License in accordance with the provision of the Statutes relating thereto

\_\_\_\_\_  
**(Full name of person/firm or corporation making application)**

\_\_\_\_\_  
**(Give location by street and number in the Town of Natick)**

\_\_\_\_\_  
**(Telephone # of Establishment)**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Signature of Individual or Corporate Name  
(Mandatory)

\_\_\_\_\_  
Corporate Officer  
(Mandatory if applicable)

\_\_\_\_\_  
S.S. # (Voluntary) or Federal I.D. #

**THIS LICENSE WILL NOT BE ISSUED UNLESS THIS CERTIFICATION CLAUSE IS SIGNED BY THE APPLICANT.**

Your S.S. # will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to License suspension or revocations. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Address