

APPLICATION FOR LICENSE  
TOWN OF SHARON  
COMMONWEALTH OF MASSACHUSETTS

Date of Application: \_\_\_\_\_

License Fee: \$\_\_\_\_\_

**(Note: Per order of the Board of Health, renewal applications/fees received by this office 1 day to 30 days after the due date result in a fee of \$50. Renewal applications/fees received by this office 31 days or later after the due date result in a fee of \$75.)**

To the Sharon Board of Health:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto:

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

State clearly the purpose for which the license is requested: TO: Manufacture/Sale of Ice Cream and/or Frozen Desserts  
\_\_\_\_\_  
\_\_\_\_\_

Give Location by Street and Number: AT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

in said Town of Sharon, Massachusetts, in accordance with the rules and regulations made under the authority of said Statutes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Address of Applicant

Date received by Board of Health: \_\_\_\_\_

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