

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 \$45. Renewal applications/fees received by this office 31 days or later after the due date result in a fee of \$70.)**

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: Serve/Sell Milk and/or Cream

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: _____