

APPLICATION FOR LICENSE – PASTEURIZATION

PLEASE PRINT

Date of Application _____

Establishment Name _____

Owner/Contact Name _____

Location of Establishment _____

Applicant's Mailing Address _____

Business Phone _____ **Home Phone** _____

Fax Number _____ **e-mail address** _____

Federal ID/SS # _____

* * * * *

Fee: \$10

(due with application)

Pymt Received ?5yes ?5no Ck # _____

Please make check payable to Town of Monterey

Pursuant to MGL Ch 62C, 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state taxes.

Signature of Applicant

Date

