



City of Taunton
Board of Health
 45 School Street
 Massachusetts 02780-5212

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APPLICATION FOR PERMIT TO SELL/USE MILK

To Taunton Board of Health:

I hereby apply for a permit to sell/use milk within the limits of the City of Taunton between the dates of _____ and _____
 [For renewal permit: dates should coincide with the expiration of your current permit]

Name of Dealer: _____
 Business Address: _____
 Business Telephone: _____

Total amount of milk sold or used per day in Taunton:

- Raw _____
- Whole _____
- Low fat _____
- Skim _____
- Cream _____
- Buttermilk _____
- Other _____

I hereby certify that the information on this application sheet, or any other writing appended thereto, is true and any change will be promptly communicated to the Taunton Board of Health.

Signature of applicant _____

Name of applicant (printed) _____

Date: _____