



Hardwick Board of Health
PO Box 575, Gilbertville MA 01031
Telephone (413) 477-6197 x108
Fax (413) 477-6703
Email: boh@townofhardwick.com

PASTEURIZATION OF MILK PERMIT APPLICATION

FEE \$10.00

1. Name of Establishment _____
Address _____
Telephone Number _____
Mailing Address (if different) _____

2. Applicant Name & Title _____
Address _____
Telephone Number _____
24-Hour Emergency Telephone Number _____

Make and type of pasteurization apparatus _____

Temperature and time at which milk is to be pasteurized _____

Type of Building Construction _____

Estimated Quantity of Milk to be Pasteurized Daily _____

Number of Employees who have had Typhoid Fever _____

I, the undersigned, attest to the accuracy of the information provided in this application and, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

Signature of Applicant _____ Date: _____

Social Security Number or Federal ID _____

Signature of Individual or Corporate Name _____