NO.....

TOWN OF FRAMINGHAM
BOARD OF HEALTH

APPLICATION TO SELL MILK WITHIN THE TOWN OF FRAMINGHAM

FEE...$10.00.....
Date.....

1. Name of Business.....

2. Address.....

3. Telephone.....

4. Name & Address of Milk Supplier.....

5. Number of Quarts Sold Daily

(A) Milk (All Types).....(C) Medium Cream.....

(B) Light Cream.....(D) Heavy Cream.....

Signature of Applicant.....

Address.....

Telephone No. .....