



CITY OF LEOMINSTER
Board of Health
25 WEST STREET – SUITE 9
LEOMINSTER, MASSACHUSETTS 01453
Telephone (978) 534-7533, FAX (978) 534-7508

Christopher Knuth
Director

MILK & CREAM
APPLICATION FOR LICENSE

The undersigned applies for a license to sell Milk and Cream in accordance with the provisions of the Laws of the Commonwealth relating thereto.

FULL NAME OF PERSON, FIRM OR CORPORATION

ADDRESS

If partnership, full name and residence of all partners:

If corporation:

State Of Incorporation: _____

President: _____

Treasurer: _____

Clerk: _____

Authorized Signature
