

**\*Dudley Board of Health\***  
71 W. Main St., Dudley MA 01571  
Telephone (508) 949-8017  
Fax (508) 949-8031  
Email: [boh@dudleyma.gov](mailto:boh@dudleyma.gov)

**PASTEURIZATION OF MILK PERMIT APPLICATION**

**FEE \$50.00**

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 \_\_\_\_\_