

Amount: \$10.00

**TOWN OF NATICK**  
*Board of Health*  
**508-647-6460**  
*13 East Central St.*  
*Natick, Massachusetts 01760*

**APPLICATION FOR MILK & CREAM LICENSE**

Date: \_\_\_\_\_

To the Licensing Authorities:

The undersigned hereby applies for a License in accordance with the provision of the Statutes relating thereto

\_\_\_\_\_  
(Full name of person, firm, or corporation making application)

\_\_\_\_\_  
(Give location by street and number in the town of Natick)

\_\_\_\_\_  
(Mailing Address if different)

\_\_\_\_\_  
(Telephone In Town of Natick)

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Signature of Individual or Corporate Name  
(Mandatory)

\_\_\_\_\_  
Corporate Officer  
(Mandatory if applicable)

\_\_\_\_\_  
S.S. # (Voluntary) or Federal I.D. #

**THIS LICENSE WILL NOT BE ISSUED UNLESS THE APPLICANT SIGNS THIS CERTIFICATION  
CLAUSE.**

Your S.S. # will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their nonfiling or delinquency will be subject to License suspension or revocations. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Address  
  
\_\_\_\_\_