



Milk and Cream Permit Application

Acton Board of Health
Health Dept. Phone: 978-929-6632
www.acton-ma.gov
health@acton-ma.gov

**Form
F-7**

FEE: \$30.00

Business Name: _____

Phone Number: _____

Address at which Milk and Cream Products are sold:

Individual(s) to whom further communications, if any, should be sent:

Mailing Address

Signed: _____ Date: _____

Printed Name: _____

Position: _____