



Town of Dennis
Health Department

Kristen Keller,
Health Director

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AFFIDAVIT OF COMPLIANCE MANUFACTURERS OF FROZEN DESSERTS

As a manufacturer of frozen desserts in the Town of Dennis, I agree to abide by the requirements set forth in 105 CMR 561.000: Frozen Desserts, Frozen Dessert Mixes and/or Ice Cream Mix (State Sanitary Code and the Town of Dennis Regulations).

I further agree to submit monthly samples for analysis reports for all machines located at my establishment on the same day of each month of operation. I understand that failure to comply with these regulations could result in non-criminal citations.

Signature _____

Date _____

Please Complete:

Name of Establishment:	
Street Address:	
Contact Person:	Phone No:
Planned Opening Date:	Planned Closing Date:

LICENSE YEAR: _____