SUBMIT COMPLETED FORM TO THE BOARD OF HEALTH

DATE RECEIVED
OFFICIAL
USE ONLY

Town of Truro

REGISTRATION FOR CATERING

PART I - TO BE FILLED IN BY APPLICANT

In accordance with the provisions of Chapter 94, Section 305A, Chapter 11, Section 5 of the Massachusetts General Laws and 105 CMR 590.000, State Sanitary Code, Chapter X: Minimum Standards for Food Service Establishments:

Name of Caterer/Organization:_____

Buisness Address : _____

Business Phone Number: Days: ( ) Evenings: ( )

Person In Charge: _____

Address for Base of Operations/Licensed Fixed Facility:

_____

EVENT INFORMATION

Date of Event:_____ **Hours of Operation :** _____:_____ **To** _____:_____

Address/Location of Catered Event:_____

Estimated Number of Meals to be Served: _____

Type of Service: □ Paper/Plastic Utensils and Tableware □ Non-Disposable Utensils and Tableware

Description of food/beverage to be prepared ***(may attach copy of menu)***

_____

_____

I agree to any conditions specified by the Board of Health, and all local, state and federal rules and regulations.

_____

Signature of Authorized Representative Date

NOTIFICATION IS REQUIRED PRIOR TO OR WITHIN 72 HOURS AFTER THE EVENT