

TOWN OF EASTON



BOARD OF HEALTH

136 ELM STREET
NORTH EASTON, MA 02356-0129
Tel. (508) 230-0620

CATERER EVENT NOTIFICATION

In accordance with the provisions of Chapter X 105 CMR 590.033 of the State Sanitary Code: Minimum Standards for Food Establishments.

Each caterer shall register with the local Board of Health on a form which may be obtained from the local Board of Health before serving a meal elsewhere than their own food establishment. The registration shall be filed with the Board of Health of the town where the meal is served 72 hours prior to serving the meal.

COMPANY NAME _____

BUSINESS ADDRESS _____

MAILING ADDRESS IF DIFFERENT _____

BUSINESS TELEPHONE NUMBER _____

FAX NUMBER _____

ADDRESS:

LOCATION OF MEAL _____

DATE OF SERVICE _____ TIME _____

ESTIMATED NUMBER OF MEALS TO BE SERVED _____

PROPOSED MENU _____

**PLEASE ATTACH COPIES OF YOUR CURRENT CATERING PERMIT(S)
AND CURRENT YEAR INSPECTION REPORT**