

Division of Health Inspections
1010 Massachusetts Avenue
Boston, MA 02118
(617) 635-5326 phone
(617) 635-5388 fax

REGISTRATION FOR CATERING

In accordance with the provisions of Chapter 94, Section 305A and Chapter 111, Section 5 of the General Laws.

This form should be accompanied by the outside caterer's permit, menu, and appropriate fee and submitted to the office within (7) seven days of the actual event.

FEES ARE AS FOLLOWS:

**\$10 FOR 200 PEOPLE OR UNDER
\$25 FOR OVER 200 PEOPLE**

Name of Caterer: _____

Business Address: _____

Business Phone: _____ Cell Phone: _____

Person in Charge: _____

Name & Address of Event: _____

Date & Time of Event: _____

Estimate number of meals to be served: _____

Meals to be prepared in commissary: _____, on premises _____

Type of service: China _____, Paper _____, Plastic _____

Proposed menu: _____
