

DEPARTMENT OF HEALTH



DONNA L. MOULTRUP, R.N., C.H.O.  
DIRECTOR OF HEALTH

BOARD OF HEALTH  
DAVID B. ALPER, D.P.M.  
DONNA S. DAVID, R.N., M.N.  
ROBERT M. EISENDRATH, M.D.

(617) 993-2720  
Fax (617) 993-2721

P.O. BOX 56, 19 MOORE STREET  
BELMONT, MASSACHUSETTS 02478

CATERING REGISTRATION FORM

In accordance with the provisions of Chapter 94, Section 305A and Chapter 111, Section 5 of the General Laws, and Section 590.033 of the State Sanitary Code for Food Establishments, all caterers are required to notify the local Board of Health when serving meals outside their own establishment.

NAME OF CATERING BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ Telephone # \_\_\_\_\_  
Email address \_\_\_\_\_

ADDRESS OF BUILDING WHERE MEAL WILL BE SERVED \_\_\_\_\_

DATE OF EVENT \_\_\_\_\_ TIME OF EVENT \_\_\_\_\_

TIME CATERER WILL BE ON SITE \_\_\_\_\_

ESTIMATED NUMBER OF MEALS TO BE SERVED \_\_\_\_\_

PROPOSED MENU *(Please be specific - Add if food will be hot or cold if not obvious, attaching a menu is acceptable)*

\_\_\_\_\_  
\_\_\_\_\_

\*Reminder: Please hold aside one serving of all items served for 24 hours.

Return this form to:

Board of Health  
P. O. Box 56  
Belmont, MA 02478

Signed \_\_\_\_\_

Title \_\_\_\_\_

*(Attach a copy of your Catering License for the current licensing period issued by the Board of Health in the town where your base of operations is located.)*

DO NOT WRITE BELOW THIS LINE

This is to certify that the caterer named below has registered with the Belmont Board of Health in accordance with State and Local Health Rules and Regulations.

Caterer \_\_\_\_\_

Date of Function \_\_\_\_\_

Location \_\_\_\_\_

BOARD OF HEALTH STAMP

