



BOARD OF HEALTH
577 Bay Road, P.O. Box 429
Hamilton, MA 01936

Tel: 978-468-5579

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CATERER'S NOTIFICATION FORM

CATERER'S NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

TELEPHONE NUMBER: _____

To Hamilton Board of Health: In accordance with 105 CMR 590.009, we wish to notify you that we plan to cater a function within your jurisdiction on:

DATE: _____ TIME: _____

LOCATION: _____

MENU: _____

Approximate number of people who will be served at the function: _____

Name of person certified in Food Protection Management who will be present at function: _____ Certification No.: _____

Name of city/town where base of catering operation is located: _____

A copy of the Caterer's Food Establishment Permit is required if base of operation is located outside of the Town of Hamilton.

SIGNATURE OF OWNER: _____ DATE: _____

103 CMR 590.009: Special Requirements

(A) Caterers.

(1) Base of Operations. Each caterer shall have as its base of operations a food establishment that shall comply with the provisions of 105 CMR 590.000, except that a facility holding a permit as a residential kitchen shall not serve as the base of operations for a caterer.

(2) Notification. Each caterer shall:

(a) Notify the board of health of the city or town in which it plans to serve a meal prior to serving any meal elsewhere than in its own food service establishment and shall give written notice to the board of health on a form provided by the board or the Department either prior to or within 72 hours after serving a meal elsewhere than its own food service establishment; and

(b) If required by the board of health or its agent, provide the board with a copy of its food establishment permit prior to serving a meal in a city or town other than the one in which its food establishment is located.