



# MONTAGUE BOARD OF HEALTH

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DIRECTOR OF PUBLIC HEALTH

## CATERING NOTIFICATION FORM

Date of Notification: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Name of Catering Business: \_\_\_\_\_

Address of Catering Business: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Base of Operations (if applicable) \_\_\_\_\_

Owner of Catering Business: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Name of Customer: \_\_\_\_\_

Address of Event: \_\_\_\_\_

Menu:  
\_\_\_\_\_  
\_\_\_\_\_

### MA State Food Code 105 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.*

*The Town of Montague is an Equal Opportunity Provider and Employer*