



# BOARD OF HEALTH

CHARLES E. SHEPARD MUNICIPAL BUILDING

48 High Street • P.O. Box 478 • Warren MA 01083-0609 • Tel. 413- 436-5701 ext:112 • Fax 413- 436-9754

## Application for Catering Permit

**Permit Fee: \$50**

### 1. Contact Information:

Name of Establishment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing (if different): \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### 2. Owner, Corporation, or Partnership Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### 3. Required Documentation:

- Copy of Food Manager Certification
- Copy of Allergen Awareness Certification
- Full menu of all items offered
- A list of equipment for hot and cold holding and a narrative on how to ensure sanitation as well as a plan to prevent potential foodborne illness

**\*Permits will NOT be issued for incomplete applications; please ensure you have submitted all necessary documentation.**

**\*\*Any renewal application received after expiration date will be subject to a 50% late fee.**

**Please contact the Board of Health with any questions.**



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I hereby certify by signing this application that I am an owner or officer of the above business, and all the information provided is true and correct. I agree to comply with the applicable rules and regulations (105 CMR 590.000). I agree to allow the Board of Health, or its agents, access to the establishment to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**For Official Use Only**

Date: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Permit #: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Reviewed by: \_\_\_\_\_