CATERER'S NOTIFICATION FORM

CATERER'S NAME:	
ADDRESS:	
CITY / STATE / ZIP:	
TELEPHONE NUMBER:	
To Marblehead 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:T	IME:
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:C	Certification No.:
Name of city/town where base of catering operation is located:	
A copy of the Caterer's Food Establishment Permit i located outside of the Town of Marblehead.	is required if base of operation is
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.