

Town of Williamstown - Board of Health REGISTRATION FOR CATERING

In accordance with the provisions of 105 CMR 590.000, State Sanitary Code and the FDA Food Code

Name of Caterer: _____

Business Address: _____

Name of Owner: _____

Telephone Number: _____

E-mail Address: _____

Caterers not located or licensed in the Town of Williamstown must present a copy of the license or permit issued by their state or local approving authority (equivalent to Board of Health Food Establishment Permit), as well as a copy of their most recent establishment inspection. CATERERS OPERATING FROM RESIDENTIAL KITCHENS ARE NOT PERMITTED.

Location where meal is to be served: _____

Date: _____ Time: _____ Number of Meals: _____

Name of Certified Person in Charge _____

MENU

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date of Application

Signature of Applicant

Board of Health Use Only

Date Received: _____ Approved Disapproved Date: _____

Type or Printed name of Approving Authority

Signature of Approving Authority

**Mail to: Department of Inspection Services
Attn: Board of Health
31 North Street
Williamstown, MA 01267**