



Office Use only:
Date Rec'd:
Amt. Paid:
Chief Appr:
Permit#:

**TOWN OF BROOKLINE
DEPARTMENT OF PUBLIC HEALTH**

11 Pierce Street, Brookline, Massachusetts, 02445
 Telephone: (617) 730-2300 Facsimile: (617) 730-2296
 w ww.BrooklineMA.gov PMaloney@BrooklineMA.Gov

Patrick J. Maloney RS, MPAH
 Chief Environmental Health Services

**CATERING PERMIT APPLICATION – (\$20.00 each event)
 (PLEASE PRINT OR TYPE)**

In accordance with the provisions of Chapter X 105 CMR 590.009 of the State Sanitary Code: minimum Sanitation Standards for Food Establishments. Each caterer shall register with the local Board of Health on a form which may be obtained from the local Board of health before serving a meal elsewhere than their own food establishment. The Brookline Health Department requires a permit for each catering event.

FIRM NAME:

BUSINESS ADDRESS:

BUSINESS TELEPHONE NUMBER: (.....).....

FAX NUMBER: (.....).....EMAIL.....

ADDRESS: (LOCATION OF EVENT)

DATE OF EVENT: TIME:

ESTIMATED NUMBER OF MEALS TO BE SERVED:

PROPOSED MENU:
 (may attach menu)

PERMIT TO OPERATE AS CATERER ISSUED BY: LOCAL HEALTH DEPARTMENT (attach copy of current permit)
