

TOWN OF BROOKLINE
DEPARTMENT OF PUBLIC HEALTH



Division of Environmental Health
11 Pierce Street, Brookline, Massachusetts, 02445
Telephone: (617) 730-2300 Facsimile: (617) 730-2296
Website: www.brooklinema.gov/health

CATERING PERMIT APPLICATION

PERMIT FEE: \$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 Department of Public Health requires a permit for each catering event.

Firm Name: _____

Business Address: _____

Business Telephone: _(____)_____ **Fax:**_(____)_____

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 a caterer issued by:

Local Health Department (attach copy of current permit):

OFFICE USE ONLY:

Date Received: _____

Amount Paid: _____

Chief Approval: _____

Permit #: _____