



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

P e r m i t # :

TOWN

OF BROOKLINE

DEPARTMENT

OF PUBLIC HEALTH

Telephone: (617) 730-

2300

Facsimile: (617) 730-2296

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)

.....