



# *MONTAGUE BOARD OF HEALTH*

One Avenue A · Turners Falls, MA 01376

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DIRECTOR OF PUBLIC HEALTH

## **NOTICE OF MEAL SERVICE FOR A CATERED EVENT**

In accordance with 105 CMR 590.000, State Sanitary Code Chapter X - Minimum Sanitation Standards for Food Establishments, this form must be completed and returned to the Montague Board of Health prior to serving a catered event of within 72 hours after the food was served within the Town of Montague. (Sec. 590.009(A)).

Today's Date: \_\_\_\_\_ Date of Food Service: \_\_\_\_\_

Name of the Catering Operation: \_\_\_\_\_

Catering Operation Owner: \_\_\_\_\_

Address of Caterer's Kitchen: \_\_\_\_\_

Telephone Number of Caterer: \_\_\_\_\_

Alternate Emergency Telephone Number: \_\_\_\_\_

Location of Event to be Catered: \_\_\_\_\_

Address of Location: \_\_\_\_\_

Client's Name/Organization: \_\_\_\_\_

Number of People Being Served: \_\_\_\_\_

Scheduled Time of Meal: \_\_\_\_\_

Name of Catering Supervisor at this Event: \_\_\_\_\_

\*\* Attach a COMPLETE, DETAILED MENU of the foods to be served at this event

\*\* Enclose a COPY OF YOUR CATERER'S PERMIT issued to you by your local Board of Health if the kitchen where the meals are prepared is outside the Town of Montague.

Signature: \_\_\_\_\_