



MILTON BOARD OF HEALTH

525 Canton Avenue
Milton, MA 02186

(617) 898-4886 (617) 696-5172 FAX

CATERING REGISTRATION FORM

DATE: _____

FIRM NAME: _____

BUSINESS ADDRESS: _____ **PHONE:** _____

LOCATION OF MEAL SERVICE: _____

DATE OF SERVICE: _____ **TIME OF SERVICE OR DELIVERY:** _____

ESTIMATED NUMBER OF MEALS SERVED OR DELIVERED: _____

PROPOSED MENU

PLEASE ATTACH A COPY OF:

- 1. YOUR FOOD ESTABLISHMENT/CATERER PERMIT
 - 2. COPIES OF THE LAST TWO (2) INSPECTIONS CONDUCTED BY THE PERMITTING BOARD OF HEALTH, AND
 - 3. A COPY OF YOUR FOOD SAFETY MANAGER CERTIFICATION
- (***ALL THREE ITEMS MUST BE RECEIVED BEFORE APPROVAL WILL BE GRANTED***)**

Per State Sanitary Code 105 CMR 590.033 Each Caterer Shall:

Notify the Milton Board of Health when said caterer plans to serve a meal in Milton that is elsewhere than the caterers own licensed food service establishment.

Said notification must be in writing, on this form provided by the Milton Board of Health, and must be submitted prior to or within 72 hours of meal service.