



## TOWN OF DUXBURY

BOARD OF HEALTH  
TOWN OFFICES  
878 TREMONT STREET  
DUXBURY, MASSACHUSETTS 02332-4499

Tracy L. Mayo R.S./R.E.H.S.  
Health Agent

Telephone (781) 934-1100  
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**\$25.00 FEE**

### TEMPORARY FOOD CATERER'S NOTIFICATION APPLICATION

ALL CATERERS ARE REQUIRED TO HOLD A PERMIT ISSUED BY THE BOARD OF HEALTH IN THE CITY/TOWN IN WHICH THEY HAVE THEIR BASE OF OPERATION. ALL CATERERS MUST HAVE A BASE OF OPERATION DESIGNATED ON THEIR APPLICATION, EVEN IF THEY ROUTINELY USE OTHER LICENSED FACILITIES TO PREPARE AND SERVE FOOD. KITCHENS HOLDING A RESIDENTIAL KITCHEN PERMIT SHALL NOT BE USED AS A BASE OF OPERATION FOR CATERING.. A COPY OF THE PERMIT IN THE TOWN ISSUED, SERVESAFE CERTIFICATE, AND ALLERGEN TRAINING CERTIFICATE MUST BE PROVIDED.

TELEPHONE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

MAIL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

(ALLOWS PERMIT TO BE SCANNED VIA EMAIL)

To Duxbury Board of Health:

In accordance with 105 CMR 590.033, we wish to notify you that we plan to cater a function within your jurisdiction.

Date of function: \_\_\_\_\_

Time: \_\_\_\_\_

Location of building where meal will be served: \_\_\_\_\_

Menu: \_\_\_\_\_

\_\_\_\_\_

Approximate number of people: \_\_\_\_\_

Caterer's Permit (base of operation) copy enclosed

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(SIGNATURE)

(DATE)