

NORTH ADAMS HEALTH DEPARTMENT

CITY HALL - ROOM 209
10 MAIN STREET
NORTH ADAMS, MA 01247
TEL 413-662-3020 FAX 662-3004

NUMBER: _____

DATE: ____/____/____

REGISTRATION FOR CATERING/FOOD SALE

IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 94, SECTION 305A
AND CHAPTER 111, SECTION 5 OF THE MASSACHUSETTS GENERAL LAWS:

NAME OF FIRM: _____

BUSINESS ADDRESS: _____

LOCATION OF BUILDING/AREA WHERE MEAL IS TO BE SERVED:

DATE OF EVENT: ____/____/____

TIME: ____ TO ____

ESTIMATED NUMBER OF MEALS TO BE SERVED: _____

PROPOSED FOOD MENU (LIST FOOD ITEMS):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PRINT NAME OF AGENT

SIGNATURE OF AGENT

EMERGENCY TELEPHONE NUMBERS

DIRECTOR OF HEALTH/SANTITARIAN