

# 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