

**Town of Ipswich
Department of Public Health**

25 Green Street
Ipswich, MA 01938
978-356-6606; Fax 978-356-6680

CATERER NOTIFICATION

Pursuant to 105 CMR 590.010 (A) (2), each caterer shall notify the board of health of the city or town in which it plans to serve a meal prior to serving any meal elsewhere than in its own food service establishment and shall give written notice to the board of health on a form provided by the board either prior to serving a meal elsewhere than its own food service establishment. **The Board of Health requires a copy of the caterer permit to be submitted before serving a meal in Ipswich.**

DATE _____

NAME OF COMPANY/APPLICANT _____

ADDRESS OF APPLICANT _____

NAME OF CONTACT PERSON _____

TITLE _____

TELEPHONE # _____

EMAIL ADDRESS: _____

NAME OF EVENT TO BE CATERED _____

ADDRESS OF CATERING EVENT _____

PERSON REQUESTING CATERING SERVICE _____

TITLE _____

TELEPHONE # _____

DATE OF EVENT _____ TIME OF EVENT _____

PLEASE SUBMIT THE FOLLOWING INFORMATION WITH THIS FORM.

- 1) COPY OF CURRENT CATERER PERMIT
- 2) COPY OF MENU FOR CATERING EVENT.

SIGNATURE OF APPLICANT