NORTH ANDOVER HEALTH DEPARTMENT
CATERING REGISTRATION APPLICATION – No fee required

Name of Catering Company_____

Address _____
Street City/Town Zip

Catering Permit Number _____ Tel. # of caterer ( ) _____

Supervisor for caterer _____

Email _____

Name and address of facility, building or hall where meal will be served

_____

Date of function _____ Estimated # of meals to be serviced _____

Function sponsor _____

Documents needed (please check boxes to acknowledge inclusion):
- □ Catering License
- □ ServSafe Certificate of person in charge who will be at the event
- □ Allergen Certificate of person in charge who will be at the event
- □ Sanitation procedures
- □ Copy of event menu

PLEASE MAIL TO:
North Andover Health Department
Attn: Catering Permit Application
120 Main Street
North Andover, MA 01845
Phone: 978.688.9540

OR~~SCAN & EMAIL TO: healthdept@northandoverma.gov

Signature of applicant caterer _____

Title _____ **Date** _____

FORM MUST BE RECEIVED BY THE NORTH ANDOVER HEALTH DEPARTMENT OFFICE NO LATER THAN TEN (10) DAYS PRIOR TO FUNCTION

Authority: M.G.L. Chapter 111, Section 5; Chapter 94, Section 305A 105 CMR 595.021