



**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**  
1600 Osgood Street; Suite 2035  
North Andover, MA 01845  
Phone: 978.688.9540

**OR~~SCAN & EMAIL TO:** [healthdept@northandoverma.gov](mailto: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**

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