## **Town of Hanson**

*Board of Health* 542 Liberty Street Hanson, MA 02341 Tel: (781) 293 – 3138

**Fee:** \$50.00 each event <u>or</u> \$100.00 for unlimited events by the same caterer in the same calendar year. A separate registration form must be completed for each event (Pls. make check payable to the Town of Hanson and submit to Board of Health with this application)

## **Catering Registration Form**

In accordance with the provision of Chapter X 105 CMR 590.000 of the State Sanitary Code: Minimum Standards for Food Establishments.

Each caterer shall register with the Hanson Board of Health before serving a meal elsewhere than their own food establishment. <u>This registration form shall be filed with the Hanson Board of</u> <u>Health, for each event, no less than forty-five (45) days prior to the event.</u> This form serves as registration for events held within pre-licensed facilities only, not temporary locations.

The following copies must be submitted with this application:

- Food protection certification (Serv-Safe)
- Allergen awareness certificate
- Current food permit from town of base operation
- Certificate of Insurance for Liability insurance policy listing the Town of Hanson as the Certificate Holder
- Copy of recent inspection report from Board of Health
- Menu of food being served at event
- Fee

Please fill out the following:

Company name:	
Contact person:	
Business address:	
Mailing address (if different):	
Business Tel: H	Fax:
Email:	
Emergency contact:	Tel:

Date of event:	Time of	of event:
Address of event:		
Describe how the food will be tra	ansported to the even	ıt.
Will the food be prepared on site	or prior to arrival?	
If prior to arrival, where will the	food be prepared? _	
Be advised of the following:		
-		ce or other mechanical refrigeration the holding containers.
Gloves must be on site and worn	as described in 105	CMR 590.000.
	-	le available for viewing by health agent. bod and refrigeration temperatures.
	afe food handling an	ion is correct. You also agree to follow all d will be held fully responsible for any
Owner's signature		Date
	Board of Health	use only
Date received:		
Reviewed by:		
Comments:		
Ok to operate: NO	YES Date ap	proved: