

**Town of Hanson**  
*Board of Health*  
542 Liberty Street  
Hanson, MA 02341  
Tel: (781) 293 – 3138  
Fax: (781) 294 – 0884

**Fee:** \$50.00 each event **or** \$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. This registration form shall be filed with the Hanson Board of Health, for each event, no less than forty-five (45) days prior to the event. 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*
- *Liability insurance policy*
- *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: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Date of event: \_\_\_\_\_ Time of event: \_\_\_\_\_

Address of event: \_\_\_\_\_

Describe how the food will be transported to the event.

\_\_\_\_\_  
\_\_\_\_\_

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:

Food must be transported 1) If cold, in coolers with ice or other mechanical refrigeration  
2) If hot, in appropriate hot holding containers.

Gloves must be on site and worn as described in 105 CMR 590.000.

If shellfish is on the menu, seafood tags must be made available for viewing by health agent.

Thermometers must be on site and used to monitor food and refrigeration temperatures.

By signing below, you affirm that all above information is correct. You also agree to follow all rules and regulations related to safe food handling and will be held fully responsible for any illness caused in relation to improper food handling.

\_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Date

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Board of Health use only

Date received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Ok to operate: \_\_\_\_\_ NO \_\_\_\_\_ YES Date approved: \_\_\_\_\_