



Bourne Board of Health
Catering Notification Form
Fax 508-759-0679



In accordance with the provisions of the State Food Code, 105 CMR 590.009(A), the following form must be submitted to the Bourne Health Department prior to or no later than 72 hours after serving a meal in the Town of Bourne.

Name of Caterer _____

Mailing Address _____

Facility Address for Base of Operations _____

Telephone Number _____ E-mail _____

Person In Charge for Caterer _____

Location where meal(s) will be served _____

Date and Time of Function _____ Estimated # of Meals _____

Event Sponsor _____

Menu (please describe) _____

Please submit to Bourne Health Department with Copy of Caterer's License and
 Letter of Agreement for Commissary
(if applicable)

Signature of Applicant _____ Title _____

Print Name _____ Date _____