



Bourne Board of Health  
Catering Notification Form  
508-759-0600 x 1513  
[health@townofbourne.com](mailto:health@townofbourne.com)



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 \_\_\_\_\_