



Billerica Health Department

**Town Hall
365 Boston Road
Billerica, MA 01821
Telephone (978) 671-0931
Web Site www.town.billerica.ma.us**

APPLICATION FOR TEMPORARY CATERING PERMIT

Pursuant to Billerica Health Regulations Chapter 2, Section 2.5.002

PLEASE PRINT

FEE \$ 50.00

DATE _____

NAME OF COMPANY/APPLICANT _____

ADDRESS OF APPLICANT _____

NAME OF CONTACT PERSON _____

TITLE _____ TELEPHONE # _____

LOCATION NAME OF EVENT TO BE CATERED _____

ADDRESS OF CATERING EVENT _____

PERSON REQUESTING CATERING SERVICE _____

TITLE _____ TELEPHONE # _____

DATE OF EVENT _____ TIME OF EVENT _____

PLEASE SUBMIT THE FOLLOWING INFORMATION WITH THIS APPLICATION.

- 1) COPY OF CURRENT FOOD SERVICE ESTABLISHMENT PERMIT.
- 2) COPIES OF THE LAST TWO (2) INSPECTION REPORTS FROM THE LOCAL BOARD OF HEALTH.
- 3) COPY OF MENU FOR CATERING EVENT.
- 4) APPROPRIATE FEES IN ACCORDANCE WITH THE MOST CURRENT BILLERICA BOARD OF HEALTH FEE SCHEDULE.

A PERMIT IS REQUIRED PRIOR TO CATERING AN EVENT

INCOMPLETE APPLICATIONS WILL DELAY FURTHER REVIEW AND PROCESSING

Print Name of Applicant

Signature of Applicant Date

RECEIVED