



TOWN OF SCITUATE BOARD OF HEALTH CATERING REGISTRATION FORM

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| Name of Caterer: | |
| Address: | |
| Telephone Number: | |
| Contact Person: | |
| Date & Time of Event: | |
| Address of Event: | |
| Event Contact Person: | |
| Event Telephone Number: | |
| Number of Guests: | |

Menu Items: _____

1. Attach a copy of current *ServSafe* Certificate.
2. Attach a copy of a current Allergen Awareness Training Certificate
3. Attach a copy of Catering Permit (If the caterer is based in a town other than Scituate, attach a copy of your establishment's current local food establishment or caterer's permit from the town in which you operate and a copy of the two most recent inspection reports from that town's Health Department)

Submit application to: Town of Scituate
Public Health Department
600 Chief Justice Cushing Highway
Scituate, MA 02066.

Do not hesitate to contact our offices should you have any questions. We can be reached at 781-545-8725.