

NORTH ANDOVER HEALTH DEPARTMENT

CATERING REGISTRATION APPLICATION

Name of Caterer _____

Address of Caterer _____

Licensed Business Facility _____
Street City/Town Zip

Catering Permit Number _____ Tel. # of caterer () _____

Supervisor for caterer _____

Location (street address) of _____
Facility, building or hall where _____
Meal will be served _____

Date of function _____ Estimated # of meals to be serviced _____

Function sponsor _____

**MAIL COPY OF PROPOSED MENU, CATERER'S LICENSE AND THIS FORM
(NO FEE REQUIRED) TO:**

**North Andover Health Department
Attn: Catering Permit Application
1600 Osgood Street; Building 20; Suite 2-36
North Andover, MA 01845
Phone: 978.688.9540**

~~ OR ~~ FAX TO: 978.688.8476 ~~ attn: Pamela

OR~~SCAN & EMAIL TO: healthdept@townofnorthandover.com

Signature of applicant caterer _____

Title _____

Date _____

**FORM MUST BE RECEIVED BY THE NORTH ANDOVER HEALTH DEPARTMENT
OFFICE NO LATER THAN SEVEN (7) DAYS PRIOR TO FUNCTION**

Authority: M.G.L. Chapter 111, Section 5; Chapter 94, Section 305A 105 CMR 595.021

DO NOT WRITE BELOW THIS LINE – FOR ANDOVER HEALTH DEPARTMENT USE ONLY

Date received _____ Reviewer _____