



TOWN OF TOPSFIELD

Board of Health

8 West Common Street, Topsfield, Massachusetts 01983

(978) 887-1520/Fax (978) 887-1502

health@topsfield-ma.gov; www.topsfield-ma.gov



APPLICATION

CATERER'S NOTIFICATION FORM

CATERER'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

To the Topsfield Board of Health: in accordance with 105 CMR 590.009, the above facility is notifying of a planned catered function within your jurisdiction as follows:

EVENT INFORMATION:

DATE: _____ TIME: _____

LOCATION: _____

MENU (attach menu or use an additional page for more space): _____

Approximate number of people who will be served at the function: _____

Name of certified Food Protection Manager present during preparation and the function:

_____ Certification No.: _____

Name of city/town where base of catering operation is located: _____

Please mail or email:

the completed notification form,

a copy of the menu,

a copy of the Food Protection Manager Certification, and

a copy of the Food Establishment Permit if not licensed in Topsfield to the Board of Health office.

SIGNATURE OF OWNER: _____ DATE: _____