



Public Health
Prevent. Promote. Protect.

GREENFIELD HEALTH DEPARTMENT
14 Court Square
Greenfield, MA 01301

Phone: 1-413-772-1404 Fax: 1-413-772-2238



NOTICE OF MEAL SERVICE FOR A CATERED EVENT

In accordance with 105 CMR 590.00, State Sanitary Code Chapter X-Minimum Sanitation Standards for Food Establishments, this form must be completed and returned to the Greenfield Health Department prior to serving a catered event or within 72 hours after the food was served within the Town of Greenfield. (590.033)

Today's Date _____ Date of Food Service _____

Name of Catering Operation _____

Catering Operation Owner _____

Address of Caterers Permitted Kitchen _____

Telephone Number of Caterer _____

Alternate Emergency Telephone Number _____

Location of Event to be Catered _____

Address of Location _____

Client's Name/Organization _____

Number of People Being Served _____ Scheduled Time of Meal _____

Name of Catering Supervisor at this Event _____

** Attach a completed detailed menu of the foods to be served at this event

*** Enclose a copy of your caterer's permit issued to you by your local Board of Health if the kitchen where the meals were prepared is outside of the Town of Greenfield.

Signature: _____

For office use only

Received Date _____ *Reviewed by* _____