



TOWN OF DENNIS
HEALTH DEPARTMENT
465 MAIN STREET, SOUTH DENNIS, MA 02660
(508)-760-6118

****Please Include a Copy of Certified Food Manager's Certificate with Registration****

REGISTRATION FOR CATERING

In accordance with the provisions of Chapter 94, Section 305A and Chapter 111, Section 5, of the Mass. General Laws.

Name of Caterer/Organization: _____

Business Address: _____

Business Phone #: _____

Person in Charge: _____

Location Where Meal Will Be Served: _____

Date: _____

Time: _____

Estimated Number of Meals to be Served: _____

MEAL TO BE PREPARED:

In commissary On the premises

TYPE OF SERVICE:

China Paper Plastic

PROPOSED MENU:

