

TOWN OF DENNIS HEALTH DEPARTMENT

685 Route 134, South Dennis, MA 02660
Phone: (508)-760-6158 ~ Fax: (508)-394-6289



******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: _____

Address/Location Where Meal Will Be Served: _____

Date: _____

Time: _____

Estimated Number of Meals to be Served: _____

MEAL TO BE PREPARED:

In a Commissary

On the Premises

TYPE OF SERVICE:

China

Paper

Plastic

PROPOSED MENU:

