



Town of Fairhaven

Board of Health

Town Hall • 40 Center Street • Fairhaven, MA 02719
Telephone: (508) 979-4023 ext. 125 • Fax: (508) 979-4079

CATERER'S NOTIFICATION FORM

Date: _____

FROM CATERER: _____
ADDRESS: _____
TELEPHONE: _____

TO: **Board of Health – Town of Fairhaven**
40 Center Street
Fairhaven, MA 02719

Dear Board of Health,

In accordance with CMR 590.009 A, we wish to notify you that we plan to cater a function within your jurisdiction.

DATE OF FUNCTION: _____
TIME: _____
LOCATION: _____
MENU: _____

APPROX. NUMBER OF PEOPLE ATTENDING: _____

*****A copy of our current "Caterer's Permit" from the city/town of our base of operation is enclosed.**

Sincerely,

Caterer: _____