

**TOWN OF WESTWOOD
WESTWOOD BOARD OF HEALTH
APPLICATION FOR CATERED EVENT PERMIT**

FEE: \$25.00

Date _____

Business Name _____ Contact _____

Event/Location _____ Date(s) of Event/Hours _____

Business Mailing Address _____

Business Telephone Number: _____ Email _____

Attach a Copy of Event Menu, a Worker's Compensation Affidavit and a Copy of Current Caterer/Food Establishment Permit, Food Manager and Allergen awareness certificate

Food Source (where food is purchased from -keep receipts) _____

Describe on-site storage (food, food equipment and single serve items) _____

Describe transportation of above _____

Describe temperature control methods (if applicable) _____

Source and storage of water/ice _____

Location of restroom and hand wash facilities for food staff _____

Describe trash/garbage disposal _____

I certify that I am familiar with 105 CMR 590.000 of the State Sanitary Code, Chapter X; Minimum Requirements for Food Establishments and the 1999 Federal Food Code and the above described establishment will be operated and maintained in accordance with the regulations. Pursuant to MGL 62C, Section 40A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed State Tax returns and paid State Taxes required under law.

Signature _____ Federal ID/Social Security Number _____

Please enclose all required paperwork and payment in the amount of \$25.00. Fees are non-refundable.
Checks made payable to: Town of Westwood.

