

**BOARD OF HEALTH
TOWN OF NORWELL**

345 MAIN STREET P.O. BOX 295
NORWELL, MASSACHUSETTS 02061

(781) 659-8016
FAX (781) 659-2804

APPLICATION FOR CATERING FUNCTION

ONE DAY/FUNCTION PERMIT : **\$25.00 PER DAY/FUNCTION**

DATE, TIME AND LOCATION OF FUNCTION: _____

APPROXIMATE NUMBER OF PEOPLE: _____

ATTACH COPY OF MENU TO APPLICATION & YOUR CATERER'S

PERMIT FROM THE CITY/TOWN OF BASE OF OPERATION

Name of Business : _____

Address of Business: _____

Telephone #: _____ Fax #: _____ Email: _____

Person to contact regarding Licensing: _____

Address: _____

Telephone#: _____ Fax#: _____ Email: _____

In accordance with 105 CMR 590.033, we wish to notify you that we plan to cater a function within your jurisdiction.

Signature of Individual or Corporate Officer

Norwell Board of Health Agent

Date