



# CITY OF GARDNER

OFFICE OF THE  
BOARD OF HEALTH ROOM 29, CITY HALL  
GARDNER, MASSACHUSETTS 01440  
(978) 630-4013  
FAX (978) 632-4682



## ANNUAL CATERING PERMIT APPLICATION

**Annual Fee: \$75.00**

### Catering Company Information:

.....  
Business Name

.....  
Owner Name

.....  
Address City State Zip

.....  
Phone # Email

.....  
SS# or FID #

### Location of Licensed Commercial Kitchen where meals will be prepared:

.....  
Business Name

.....  
Owner or contact person Phone #

.....  
Address City State Zip

I, the undersigned, agree to comply with MGL Ch 94m s. 328 and 105 CMR 590.000 Minimum Standards for Food Establishments – Ch X, Federal Food Code 199. I also understand that I am required to submit a Catering Event Permit form to the Gardner Board of Health a minimum of 7 days prior to each event that I cater in the City of Gardner – there is no fee for a Catering Event Permit form.

I certify under the pains of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law. SS#/FID# will be furnished to the Mass DOR to determine whether applicant has met tax filing or tax payment obligations. Request is made under I.A.W. MGL Ch. 62C, s 49.

Signature of Applicant.....Date.....

### ATTACH THE FOLLOWING:

Copy of current Food Establishment License & most recent local BOH inspection report (if not from Gardner)

**OR**

A copy of your 'Base of Operations' letter & that establishment's most recent BOH inspection report

**PLUS:**  City of Gardner Good Standing  Allergy Awareness Certificate  ServSafe