



# CITY OF GARDNER



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

## REGISTRATION FOR CATERING AND CATERING PERMIT

**FEE: \$20.00**

In accordance with the provisions of 105 CMR 590.033 and Chapter 111, Sections 5 and 127A of the Massachusetts General Laws, and Board of Health Regulations,

.....  
Name of Firm/Co.

.....  
Business Address

Phone #

Principal

Complete name and address of Building where Meal will be served .....

.....  
Meal transported.....Cooked on location.....or Both .....

Date meal being served: ..... Time: .....

Estimated Number of Meals to be Served.....

Proposed Menu to include all types of gravies, fish, soup, salads, sandwiches.....

.....  
**A copy of your current food establishment license (if applicable) must be included with this application.**

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