



Town of Rowley

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Board of Health

APPLICATION

Center School Municipal Annex

39 Central Street, P.O. Box 783

Rowley, Massachusetts 01969

CATERER'S NOTIFICATION FORM

CATERER'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

To the Rowley Board of Health: in accordance with 105 CMR 590.009, the above facility is notifying a planned catered function within your jurisdiction as follows:

EVENT INFORMATION:

DATE: _____ TIME: _____

LOCATION: _____

MENU (attach menu or use an additional page for more space): _____

Approximate number of people who will be served at the function: _____

Name of certified Food Protection Manager present during preparation and the function:

_____, Certification No.: _____

Name of city/town where base of catering operation is located: _____

Please fax or mail the completed notification form, a copy of the menu and a copy of the Food Establishment Permit if not licensed in Rowley to the Board of Health office.

SIGNATURE OF OWNER: _____ DATE: _____