CITY OF FRAMINGHAM
Public Health Department

Public Health
Prevent. Promote. Protect.

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MEMORIAL BUILDING
150 Concord Street, Room 205
Framingham, MA 01702

Catering Events Registration Form

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Complete the following registration form. Please print legibly.

In accordance with the provisions of State Sanitary Code Chapter X, 105 CMR 590.010(A)(2)(a) and (b), this form is provided by the Framingham Department of Public Health for notification by the caterer when serving a meal in Framingham. **You must give this form to the Framingham Department of Public Health either prior to or within 72 hours after the catered meal.** Please also provide us a copy of your caterer license issued by the city or town that your establishment is located. If you are serving this meal to the public, this is the wrong form. You will need to obtain a Temporary Food Establishment Permit from us.

Date: _____

Name of Business: _____

Address: _____

Location of where meal(s) will be served: _____

Address: _____ Framingham, MA 0170 _____

Date: _____ Time: _____ ☐ AM ☐ PM Name / Type of Event: _____

Estimated number of meals to be served? _____

Menu: _____

_____

_____

_____

_____

_____

_____

_____

Submit the Following:

- ☐ Completed Catering Registration Form
- ☐ Copy of your Catering Permit
- ☐ Menu – Attach additional sheets if necessary