



Department of Inspectional Services
Worcester, Massachusetts

Food Unit

John R. Kelly
Commissioner/
Building Commissioner

Amanda M. Wilson, Director
Housing/Health Inspections

REGISTRATION FOR CATERING

(For office use only)

Approved: _____
Disapproved: _____
Date: _____

Fee paid: _____
Date paid: _____

Permit number: _____
\$40.00 application fee is
due with application

In accordance with the provisions of 105 CMR 590:033 and Chapter 111, Sections 5 and 127A of the Massachusetts General Laws.

Name of Firm: _____

Business address: _____

E-mail address: _____

Location of Building where Meal will be served:

Date of event: _____ Time: _____

Estimated number of meals to be served: _____

Proposed menu:

Approved: _____ Date: _____