

**Wellesley Health Department**

**Ann F. Warren Building**

**90 Washington Street**

**Wellesley, MA 02481**

**Telephone: (781) 235-0135 Fax: (781) 235-4685**

**REGISTRATION FOR CATERING**

**In accordance with the provisions of Chapter 94, Section 305A and Chapter III,  
Section 5 of the Massachusetts General Laws;  
also Chapter X, State Sanitary Code, 105 CMR 590.000.**

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Location of Catering Event: \_\_\_\_\_

For: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Estimated number of meals to be served: \_\_\_\_\_

Proposed Menu:  
\_\_\_\_\_  
-  
\_\_\_\_\_  
-  
\_\_\_\_\_  
-

How will food be transported? \_\_\_\_\_

How will food be stored during the event?  
\_\_\_\_\_

Will handwashing facilities be available for employees? \_\_\_\_\_

Will gloves be used? \_\_\_\_\_; Will toilet facilities be available? \_\_\_\_\_

What type of sanitizer will be used and how will it be used?

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Name of owner (please  
print): \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach a copy of your current permit from the town in which your busine**