



# TOWN OF CONCORD

BOARD OF HEALTH  
 141 KEYES ROAD  
 CONCORD, MA 01742  
 (978) 318-3275 FAX: (978) 318-3281

## Application for Caterers

Type of Permit	Applicable Laws	Fee
<input type="radio"/> Base of Operation <input type="radio"/> Multiple Event License (1 Year) <input type="radio"/> Single Event License	105 CMR 590.009(A)(1)	\$200 \$150/year \$25/event

Name of Caterer: \_\_\_\_\_ Phone: \_\_\_\_\_

Caterer's Base of Operation: \_\_\_\_\_

Location of Catered Event: \_\_\_\_\_

**The Following Items Must be Submitted to the Concord Board of Health 7 days prior to Event**

- Menu for event being catered
- Copy of license from City/Town of base operation
- Copy of Food Manager's Certificate
- Number of people being served
- Time and date of catered event

\*Note: If you are a caterer that has a Multiple Event License or Caterer's Base of Operation License in the Town of Concord, you are not required to submit your License or Food Manager's Certificate with each event.

I, the undersigned, hereby apply to the Concord/Lincoln Health Division for a Catering Registration in accordance with M.G.L. Ch. 94, s. 328 and 105 CMR 590.000 Minimum Standards for Food Establishments – Chapter X, Federal Food Code 1999. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.<sup>1</sup>

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 By: Corporate Officer

\_\_\_\_\_  
 Social Security or FID Number

\_\_\_\_\_  
 Date of Application

<sup>1</sup> Permit will not be issued unless certification clause is signed by applicant. Social Security Numbers will be furnished to Mass DOR to determine whether applicant has met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. Request is made I.A.W. MGL Ch. 62C, s. 49.



