



BOARD OF HEALTH

78 Main Street, Hudson, Massachusetts 01749

Phone (978) 562-2020

Fax (978) 562-8508

Registration for Catering Events

In accordance with the provisions of State Sanitary Code Chapter X, 105 CMR 590.009(A)(2)(a) and (b), this form is provided by the Board of Health for notification by the caterer when serving a meal in Hudson. You must give this form to the Hudson Board of Health either prior to or within 72 hours after the catered meal. Please also provide a copy of your caterer license in the city or town that your establishment is located (except Hudson). 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.

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| Name of Catering Firm: | |
| Business Address: | |
| Location Where Meal will be / was Served: | |
| Name of Event: | |
| Date: | |
| Time: | |
| Estimated Number of Meals to be Served / were served: | |
| Menu: (Use back of page if more space is needed) | |

Signed: _____

Print: _____ Title: _____