

Board of Health
71 Mt. Vernon Street
Winchester, MA 01890

Tel: 781-721-7121
Fax: 781-729-1794



BOH use only: Date Fee Received: _____ Date permit issued: _____

Catering Permit Application

Fee \$35.00

Business Name of Caterer: _____

Address of Business: _____ Phone # _____

Name of Owner: _____ Phone # _____

Email of Business/Owner: _____

Name of Catered Event: _____

Location of Event: _____

Date and Time of Event: _____

Name of Person In Charge of food service during event: _____

Does this person have a Food Manager Safety Certification? Yes _____ No _____ If yes attach copy.

Will any foods be cooked on site? Yes _____ No _____ If yes, please list which foods and equipment used on site: _____

Describe how foods will be hot and/or cold held at proper temperatures for: _____

This application is not complete until the following are submitted to the Winchester BOH:

- A copy of the food permit for the Catering Business (issued by the Board of Health where the catering business is located).
- Complete menu
- \$35 fee (checks payable to the Town of Winchester)

Signature of Applicant: _____ Date: _____

Print Name: _____ Title: _____