

OFFICE OF  
**BOARD OF HEALTH**  
**TOWN OF WARE**

TOWN HALL, 126 MAIN STREET  
WARE, MA 01082  
Ph# (413) 967-9615  
Fx# (413) 967-9646

**REGISTRATION FOR CATERERS**

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

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Caterer: \_\_\_\_\_

Best Time to Reach Caterer: \_\_\_\_\_ Fax: \_\_\_\_\_

**The Following Items Must be Submitted to the Ware 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

Typical foods to be catered: \_\_\_\_\_  
\_\_\_\_\_

Estimated # of meals to be served (Maximum): \_\_\_\_\_

Please note as to whether you will be cooking the food (if applicable) ahead of time and transporting it cooked, or if you are brining it uncooked and cooking it there: \_\_\_\_\_  
\_\_\_\_\_

Please explain how this food will be kept at the appropriate temperatures (41°F cold, 145°F hot) both during transport and at the event: (for both cooling and heating):  
\_\_\_\_\_  
\_\_\_\_\_

Explain sanitizers/disinfections used (ie: bleach, iodine, quat, amonia, etc.) : \_\_\_\_\_  
\_\_\_\_\_

Are catering trucks clearly labeled? \_\_\_\_\_

How will food be kept at temperature and monitored during transport? \_\_\_\_\_

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I, the undersigned, hereby apply to the Ware Board of Health 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.