



Department of Municipal Licenses and Inspections

Mary E. McGrath, R.S., Director
90 Pond Street – Braintree, Massachusetts 02184

Building Division Telephone: 781-794-8070 Fax: 781-794-8022
Health Division Telephone: 781-794-8090 Fax: 781-794-8098

Joseph C. Sullivan
Mayor

CATERER APPLICATION TO OPERATE A TEMPORARY FUNCTION IN THE TOWN OF BRAINTREE

(Please return one week prior to the event. Please type or print legibly)

1. NAME OF EVENT: _____

2. LOCATION OF EVENT: _____

NAME OF ORGANIZATION _____

4. PERSON IN CHARGE: _____ PHONE# _____

Address: _____

City/State/Zip: _____

5. DATE OF EVENT: _____ STARTING TIME: _____

6. TYPE OF FOOD TO BE SERVED: _____

7. HOW WILL HOT FOOD BE KEPT HOT? _____

8. HOW WILL COLD FOOD BE KEPT COLD? _____

9. Fee: \$50.00 Check#: _____

10. I/We certify that the said business at the premises will be operated in full compliance with all applicable regulations and all other local and state rules, bylaws and regulations pertaining thereto. I/We are responsible for knowing the contents of the applicable regulations as they pertain to said business.

Signature

Received by Department: _____ Date: _____

Caterer
11/08