CATERER NOTIFICATION OF EVENT

DATE_____

CHECK THOSE THAT APPLY:

☐Single Meal ☐Birthday Party ☐Wedding ☐Family Event ☐Holiday Event

☐Other (Explain) _____

Name of person(s) requesting food permit _____
Name of licensed commissary_____
Telephone #_____Cell #_____
Home Address_____
City or Town_____

Event organization Name _____Phone_____
Address_____
Event location _____
Event Date _____Rain Date_____
Food to be served (list exact foods) Attach additional sheet if necessary_____
_____
Names of trained food handler(s) (attach copies of certificates)_____
_____
How will food be kept below 41 degrees F_____
_____
How will food be kept above 140 degrees F _____
_____
How is food covered_____
How is food served_____
Type & location of hand-washing facilities

_____
(SIGNATURE OF APPLICANT)
Please include copies food sanitation training certificate (e.g. ServSafe) of the personnel serving meals at the event and, if the base of operations is in a city or town other than Essex, you must include a copy of a valid Food Establishment Permit from that City or Town