



HEALTH DEPARTMENT

BOARD OF HEALTH

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DIRECTOR OF HEALTH  
DAMON O. CHAPLIN

CITY OF NEW BEDFORD

JONATHAN F. MITCHELL, MAYOR

**CATERER'S NOTIFICATION FORM**

DATE: \_\_\_\_\_

FROM: (Caterer): \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**TO: CITY OF NEW BEDFORD HEALTH DEPARTMENT**  
**1213 Purchase Street**  
**New Bedford, MA 02740**

Dear Board :

In accordance with CMR 590.009 A. we wish to notify you that we plan to cater a function within your jurisdiction.

ON (DATE): \_\_\_\_\_

TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

MENU: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approx # of people: \_\_\_\_\_

Very truly yours,

Caterer: \_\_\_\_\_

**\*A copy of your ; current "Caterer's Permit" (If not permitted by New Bedford Board of Health) and your "Certification in Food Protection Management", "Allergen Awareness Training" certificates must be submitted at least once annually to the Board of Health.**

**Reminder: Please post "Allergen Notification" on site.**