



TOWN OF EDGARTOWN
OFFICE OF
BOARD OF HEALTH

70 MAIN ST
P.O. BOX 1596
EDGARTOWN, MA 02539
TELEPHONE
(508) 627-6120

Special Event Caterer Reporting Form

Caterer Name: _____

Mailing Address: _____

Business/Kitchen Address: _____

Telephone #: _____ Email: _____

Emergency Contact Name (*if can't be reached at above*): _____

Emergency Contact Phone # _____

Town you are Licensed to Operate (*attach copy*): _____

Name/Title of Event: _____ Location: _____

Date & Time of Event: _____ Number of Attendees (*to be served*): _____

Types of Food Served (*attach menu*): _____

Signature of Caterer: _____ Date: _____

Form MUST Be received by the Board of Health 24 Hours prior to event date

Received by BOH: _____ Date: _____