

# Town of Barnstable

## Board of Health

200 Main Street, Hyannis MA 02601

Office: 508-862-4644  
FAX: 508-790-6304

Paul J. Canniff, D.M.D.  
Junichi Sawayanagi  
Donald A. Guadagnoli, M.D.

### Public and Environmental Health Program Policies, Procedures, and Guidelines

Feb. 18, 2004  
Revised August 30, 2017

#### Catering

No. 2013-001

(a) **Base of Operations** - Each caterer shall have as its base of operations a food establishment that shall comply with the provisions of 105 CMR 590.000, except that a facility holding a permit as a residential kitchen shall not serve as the base of operations for a caterer. This is per 105 CMR 590.009 (A)(1).

(b) **Notification** - Each caterer shall notify the Public Health Division prior to serving any meal elsewhere than its own food service establishment and give written notice to the Public Health Division on the prescribed form\* prior to serving a meal elsewhere than its own food service establishment; and

(c) **Certification** - Each caterer shall provide the Public Health Division copies of food sanitation training certificates (e.g. ServSafe and Allergen Awareness Certification) of the assigned personnel serving meals at the particular event.

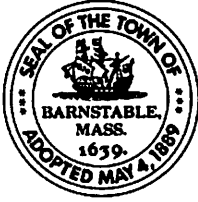
(d) Caterers with the base of operations located outside of the Town of Barnstable shall provide the Public Health Division with a copy of its food establishment permit once each year prior to serving the first meal of the calendar year.

#### **Definitions:**

**"Caterer"** means any person who prepares food ready for serving (with the addition of reheating onsite if needed) intended for individual portion service, transports and serves it at another location, or who prepares and serves food at a food establishment, other than one for which he/she holds a permit, for service at a single meal (not a regularly recurring meal), party or similar gathering.

\* Notification forms are available at the Town of Barnstable website and at the Public Health Division Office.

Paul J. Canniff, D.M.D.,  
Chairman  
BOARD OF HEALTH  
TOWN OF BARNSTABLE



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MAIL TO: TOWN OF BARNSTABLE  
PUBLIC HEALTH DIVISION  
200 Main Street  
HYANNIS, MA 02601  
FAX 508 790-6304

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 Barnstable, you must include a copy of a valid Food Establishment Permit from that City or Town

## CATERER NOTIFICATION OF EVENT

CHECK THOSE THAT APPLY: Single Meal  Birthday Party  Wedding  DATE \_\_\_\_\_  
Family Event  Holiday Event  Other  Explain \_\_\_\_\_

NAME OF PERSON(S) REQUESTING PERMIT \_\_\_\_\_

LICENSED NAME OF LICENSED COMMISSARY \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ VILLAGE \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

FOOD TO BE SERVED (LIST EXACT FOODS) \_\_\_\_\_

NAMES OF TRAINED FOOD HANDLERS \_\_\_\_\_  
(ATTACH COPIES OF CERTIFICATES)

ADDRESS WHERE TO BE SERVED \_\_\_\_\_

DATE TO BE SERVED \_\_\_\_\_ RAIN DATE \_\_\_\_\_

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 OF HAND-WASHING FACILITY \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

## FOR MAIL-IN NOTIFICATIONS

Please mail a completed notification form to the address below.

Also, please include a copy of your food sanitation training certificate(s).

In addition, if the base of operations is in a city or town other than Barnstable, you must include a copy of a valid food establishment permit from the Board of Health of that city or town

Our mailing address is:

**Town of Barnstable  
Public Health Division  
200 Main Street  
Hyannis, MA 02601**

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## FOR FAXED NOTIFICATIONS

Our fax number is **508-790-6304**. Please fax a completed notification form.

Also, please fax a copy of your current food sanitation training certificate(s).

In addition, if the base of operations is in a city or town other than Barnstable, you must include a copy of a valid food establishment permit from the Board of Health of that city or town.

For further assistance on any item above, call 508-862-4644

**To get a catering notification form, click [here](#). To be able to access this form, your computer must have Acrobat Reader. Most computers have Acrobat Reader, and it will usually activate itself automatically. If your computer does not have Acrobat Reader, you can download a copy of it by going to the Adobe website.**

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