



Town of Oak Bluffs  
Board of Health  
P.O. Box 1327  
Oak Bluffs, MA 02557  
508-693-3554 Ext. 127

William White  
Chairman

James Butterick  
Thomas Zinno  
Board Members

Garrett Albiston  
Health Agent

Alexa Arieta  
Assistant Health Agent

### SPECIAL EVENT CATERER REPORTING FORM

This form must be received 7 days prior to the event.

Please attach a copy of Caterer Food Protection Manager Certificate & Allergen Certificate.

CATERER NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS/KITCHEN ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

24 HOUR PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TOWN IN WHICH YOU ARE LICENSED (attach copy of license): \_\_\_\_\_

NAME/TITLE OF EVENT: \_\_\_\_\_

LOCATION \_\_\_\_\_ DATE \_\_\_\_\_

NUMBER OF PEOPLE TO BE SERVED AT EVENT: \_\_\_\_\_

TYPES OF FOOD TO BE SERVED (attach menu):

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF CATERER: \_\_\_\_\_ DATE: \_\_\_\_\_

WILL THERE BE A TENT REQUIRED AT THE EVENT? \_\_\_\_ YES \_\_\_\_ NO

**(IF YES CONTACT THE BUILDING DEPARTMENT FOR A TENT PERMIT)**

COMMENTS: \_\_\_\_\_

\_\_\_\_\_