CITY OF CAMBRIDGE
INSPECTIONAL SERVICES DEPARTMENT 831 MASS. AVE.
CAMBRIDGE, MASSACHUSETTS 02139 (617) 349-6100

Ranjit Singanayagam
Commissioner

Office Use Only
Amount Rec'd _____
Date Paid _____
Insp. Approval _____
Chief San._____

ENVIRONMENTAL HEALTH DIVISION
CATERING REGISTRATION FORM

Name of Restaurant/Catering Company: _____

Telephone No. _____. Email Address: _____

Business Address: _____, MA Zip_____

Date of Event: _____ Time: _____

Name of Person-in-charge:_____
(Servsafe Certificate Required)

Location of Building Where Meals Will Be Served: _____

_____

Estimate Number of Meals To Be Served _____

Provide Copy of Proposed Menu.

Provide Copy of current Servsafe Certificate and permits if not located in the City of Cambridge.

Signed By: _____

Title: _____

Date: _____