

# TOWN OF TISBURY

Office of

THE BOARD OF HEALTH  
POST OFFICE BOX 666  
VINEYARD HAVEN, MASSACHUSETTS 02568

Telephone (508) 696-4290 Fax (508) 696-7341

## Special Event Caterer Reporting Form

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

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

Business/Kitchen Address: \_\_\_\_\_

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

Emergency Contact Name &  
# (if can't be reached at above): \_\_\_\_\_

Town in which you are licensed to operate (attach copy of license): \_\_\_\_\_

Name/Title of Event: \_\_\_\_\_

Date & Time of Event: \_\_\_\_\_ Location: \_\_\_\_\_

Number attending (to be served) event: \_\_\_\_\_

Types of food to be served: \_\_\_\_\_  
(attach menu)

Signature of Caterer: \_\_\_\_\_ Date: \_\_\_\_\_

THIS FORM MUST BE RECEIVED BY THE BOARD OF HEALTH IN THE TOWN WHICH THE EVENT WILL OCCUR 48 HOURS PRIOR.

Received by BOH: \_\_\_\_\_

Comments: