

Guidelines for Permitting a Caterer in the City of Northampton

Definition of a Catered Food Event:

A catered food event is one where food is served to a pre determined number of people and where the food is generally served at one point in time to the entire group. Event planning is driven by the number of anticipated guests, and payment is contingent upon the guaranteed number of guests.

Definition of a caterer:

Caterer means any person who prepared food intended for individual portion service and transports it to another location, or who prepares and serves food at a food service establishment other than one for which s/he holds a permit, for service at a single meal, party or similar gathering.

Caterers can prepare food at their licensed base of operation or another licensed food establishment. Caterers who prepare food at a location other than their base of operation are responsible for providing adequate equipment and sanitary facilities. At an unlicensed facility, food handling should be limited to serving items prepared at the base of operation with a minimum of further food preparation, unless adequate equipment is provided by the caterer.

Anyone purchasing and preparing food for a client in the client's home kitchen using the client's utensils and equipment will not be considered a caterer. Such a person is providing services compared to that of a personal cook or housekeeper. However, if the individual or business is storing or processing food at another establishment, is using their own equipment, or is preparing food at a licensed establishment for service there or at a client's home, they be considered a caterer.

Permit Requirements:

All caterers are required to hold a permit issued by the board of health/Health Department in the city/town in which they have their base of operation. All caterers must have a base of operation designated on their application even if they routinely use other licensed facilities to prepare and serve food. Kitchens holding a residential kitchen permit shall not be used as a base of operation of catering.

The Massachusetts Food Establishment Regulations, 105CMR590.000, have been revised to include caterer in the list of permits issued to the food establishment (590.009 (A) (1)). A permit form issued to a food establishment must list the types of operations authorized. Table 1 lists examples of how various caterer operations should be permitted.

Notification Requirements:

Caterers must notify the local BOH when planning to serve a meal at a site other than their own food service establishment. Written notice must be submitted to the board of health prior to the catered function, on a form provided by the BOH (See template notification letter and Food Protection Questionnaire for catered events). In emergency situations, caterer can notify the board orally and follow up within 72 hours with written notification. The Food Establishment Regulations do not authorize a fee for the notification process, nor do they allow a BOH to issue a permit to a caterer based outside its jurisdiction, unless authorized by a local ordinance. In addition to that, the caterers should fill out the Food Protection Questionnaire for catered events and submit it with the notification letter.

Table 1

Base of Operation

Caterer operating from his/her own commercial catering facility

Caterer operating from his/her own food establishment business

Caterer operating from another business (e.g. restaurant)

Operations Designated on Permit

Caterer

Food Service/Caterer

Caterer (the restaurant must have a separate permit for a food service operation)

Template Caterer's Notification Form

Date
Name of Establishment
Address of Establishment
Telephone number

Board of Health
212 Main St.
Northampton, MA 01060

Dear Sir/Madam,
In accordance with 105 CMR 590.009 (A) (2), we wish to notify you that we plan to cater a function within your jurisdiction:

Date: _____

Time: _____

Location: _____

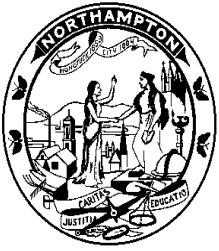
Menu: _____

Approximate Number of people: _____

A copy of our caterer's permit from the city/town of (base of operation location) is enclosed.

Sincerely,

Name of Person in Charge
Name of Establishment



CITY of NORTHAMPTON
PUBLIC HEALTH DEPARTMENT
BOARD OF HEALTH MEMBERS: *Joanne Levin, MD, Chair~ Donna Salloom,*
Suzanne Smith, MD, MPH~ William Hargraves ~ Cynthia Suopis, PhD
STAFF: *Merridith O'Leary, RS, Director*

Be sure to fill out the application in its entirety and check all permit types that are applicable to your business.
For your review, definitions of the permit types are as follows:

Bed and Breakfast Permit – required for a private owner-occupied house where rooms are let and a breakfast is included in the rent.

Bar Permit – required for an establishment that serves alcoholic drinks for consumption on the premises. Such establishments are allowed to sell individual portions of pre-packaged, non-potentially hazardous food products. (Includes but not limited to: chips, peanuts, pretzels)

Caterer Permit – required when any person(s) prepares food 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 holds a permit, for service at a single meal, party or similar gathering.

Food Service Establishment Permit (FSE) – required for any premise or part of a premises where food is prepared, served, or sold for immediate consumption on or in the vicinity of the premises; called for or taken out by customers; or prepared prior to being delivered to another location for consumption. (Includes but not limited to: Bakery, Bar, Café, Club, Restaurant)

Frozen Dessert Manufacturer Permit – required for any premises or part of a premises where ice cream, ice cream mix, ice milk, sherbet, frozen malt, ice milk mix, mellorine, edible fat frozen dessert or ices are manufactured or frozen.

Retail Food Permit – required for any premises or part of premises pre-packaged food and food products are offered to the consumer and intended for off-premises consumption and conducts no food processing or food preparation on site.

BOARD OF HEALTH

Merridith A. O'Leary, R.S.

Director of Public Health

212 Main Street

Northampton, MA 01060

Tel. (413) 587-1214 Fax (413) 587-1221

FOR BOARD OF HEALTH USE ONLY

Date Received: _____

Amount Received: _____

Cash/Check No: _____

Received by: _____

2018 Food Establishment Permit Application*(Application must be submitted at least 30 days before the planned opening date)*

ALL FEES PAID ARE NON-REFUNDABLE

NO PERMITS WILL BE ISSUED IF TAXES ARE OWED

Corporation Name:		Corporation Address :							
Establishment Name: (dba):		Establishment Tel. #							
Establishment Address :		Email:							
Establishment Mailing Address (if different):									
Applicant Name (Permit Holder):									
Applicant Title:									
Applicant Address:									
Applicant Telephone #:		24 Hour Emergency # :							
Owner Name & Title (if different from applicant) :									
Owner Address (if different from applicant) :									
Establishment Owned By: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity		If a corporation or partnership, give name, title, and home address of officers or partner <table> <thead> <tr> <th>Name</th> <th>Title</th> <th>Home Address</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Name	Title	Home Address			
Name	Title	Home Address							
Person Directly Responsible For Daily Operations (Owner, Person In Charge, Supervisor, Manager etc.)									
Name & Title:									
Address:									
Telephone # :		Cell/Pager#	Email:						
Emergency Contact:									

Food Establishment Information

Days and Hours of Operation:				
Name of Person in Charge Certified in Food Protection Management: (Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) Please attach copy of certificate.)				
Person Trained In Anti-Choking Procedures (if 25 seats or more) <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No (In accordance with 105 CMR 590.009)				
Name of Person Trained in Food Allergen Awareness : (In accordance with 105 CMR 590.003(B) Please attach copy of certificate)				
Water Source: <input checked="" type="radio"/> Public <input checked="" type="radio"/> Well Sewage Disposal: <input checked="" type="radio"/> Public <input checked="" type="radio"/> Septic	Establishment Type (check all that apply & enter applicable permit cost)			
	<input type="checkbox"/> Retail (\$100 base + Sq. ft. based on attached chart) \$100 base + _____	\$ _____	<input type="checkbox"/> Frozen Dessert Manufacture Name of Testing Lab: _____	\$5.00
	<input type="checkbox"/> Food Service - (\$100 base + Number of Seats based on Occupancy Permit: Fee Chart attached) \$100 base + _____	\$ _____	<input type="checkbox"/> Bar - No food preparation, pre-packaged food only.	\$100.00
	<input type="checkbox"/> Food Service – Bed and Breakfast	\$100.00	<input type="checkbox"/> Caterer	\$100.00
			TOTAL	\$

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Signature of Permit Holder: _____

Pursuant to MGL Chapter 62C , Section 49A , I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Signature of Corporate Representative (i.e. President, CFO, COO): _____

FOOD SERVICE PERMIT OCCUPANCY PERMIT SEATING CAPACITIES

List all seating facilities at your establishment based on your Northampton Building Department occupancy permit(s). Use the table below to calculate your seating charge and add that amount to the \$100 base permit amount.

DINING ROOMS

Location or Name	Capacity

BARS – LOUNGES – DECKS – PATIOS

Location or Name	Capacity

BANQUET & MEETING ROOMS

Location or Name	Capacity

Occupancy Fee Calculation Table

Total Seating Capacity	Additional Fee	Seating Capacity	Additional Fee
1-24	\$25 + \$100 base = \$125	300-349	\$350 + \$100 base = \$450
25-49	\$50 + \$100 base = \$150	350-399	\$400 + \$100 base = \$500
50-74	\$75 + \$100 base = \$175	400-449	\$450 + \$100 base = \$550
75-99	\$100 + \$100 base = \$200	450-499	\$500 + \$100 base = \$600
100-149	\$150 + \$100 base = \$250	500-549	\$550 + \$100 base = \$650
150-199	\$200 + \$100 base = \$300	550-599	\$600 + \$100 base = \$700
200-249	\$250 + \$100 base = \$350	600-649	\$650 + \$100 base = \$750
250-299	\$300 + \$100 base = \$400	650-699	\$700 + \$100 base = \$800

RETAIL FOOD PERMIT CALCULATION CHART

Use table below to calculate square footage fee related to Retail Food Permit. Square foot space is defined as retail and storage space used to shelve and display prepackaged food.

Square Feet	Permit Cost
Less than 2,500 sq ft	\$100 Base only = \$100
2,500 – 15,000	\$50 + \$100 base = \$150
15,001 – 30,000	\$250 + \$100 base = \$350
30,001 – 45,000	\$450 + \$100 base = \$550
45,001 – 60,000	\$650 + \$100 base = \$750
60,000+	\$900 + \$100 base = \$1000

Food Protection Questionnaire for Catered Events

Date of Event: _____ Event Time: _____

Location of Event: _____

List all foods that you will be chilling, holding, cooking, and/or re heating at the event location:

On ice/Refrigerated	Cooking	Reheating
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Food Manager Certification Person Trained On Site? Yes No

Allergen Awareness Menu Label Present? Yes No

List all Potentially Hazardous Food (PHF) and the individual intended temperature required:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the required temperature for each food as it leaves your preparation site:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How will the PHF be kept at or below 41°F? _____

How will the PHF be kept at or above 140°F? _____

Time of PHF? Setup _____ Served _____ Removed _____

List all equipment that will be supplied for an event, including but not limited to food thermometers, cleaning wipes, utensils, non latex gloves, heating utensils, ice etc.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____