TOWN OF PETERSHAM

MENU FOR TEMPORARY FOOD EVENT

Name of Firm: _____

Business Address: _____

Location where Meal will be Served: _____

Date of event: _____ Time: _____

Proposed Menu: _____

_____

_____

_____

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_____

_____

_____

_____

Person responsible for event: _____ Tel. # _____

Return this to The Petersham Board of Health
P.O. Box 486
Petersham, MA 01366