

Fee \$15.00

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: _____

Person responsible for event: _____ Tel. # _____

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