



# TOWN OF NORTH READING BOARD OF HEALTH

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PublicHealth  
Prevent. Promote. Protect.

## North Reading Bake Sale Registration

Please type or print legibly. By providing the following information, you will assist in identifying potential public health problems that might occur during your event. Solving these problems in advance will provide the opportunity for a successful and smooth operation. You must notify all food booth participants about the North Reading Bake Sale Guidance and Recommendation.

Please submit Bake Sale Registration NO LATER than TWO (2) WEEKS PRIOR TO THE EVENT. There is no registration fee for bake sale participants:

1. NAME OF EVENT: \_\_\_\_\_ DATE(s): \_\_\_\_\_  
LOCATION OF EVENT: \_\_\_\_\_ TIME: start \_\_\_\_\_ end \_\_\_\_\_  
COORDINATOR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

2. FOOD BOOTH PARTICIPANTS:  
RESPONSIBLE INDIVIDUAL \_\_\_\_\_ ORGANIZATION NAME (if applicable) \_\_\_\_\_  
General description of foods donated: \_\_\_\_\_

RESPONSIBLE INDIVIDUAL \_\_\_\_\_ ORGANIZATION NAME (if applicable) \_\_\_\_\_  
General Description of foods donated: \_\_\_\_\_

RESPONSIBLE INDIVIDUAL \_\_\_\_\_ ORGANIZATION NAME (if applicable) \_\_\_\_\_  
General description of food donated: \_\_\_\_\_

(List additional participants on the back side of this form)

This registration is for the Health Department only. It does not provide approvals for any other departments. Please be sure to connect with all other Town Departments that you may require approval from. By signing this registration form, you agree to the North Reading Bake Sale Guidance and Requirements and understand that the attached Public Notice provided to you, must be posted in a visible location to the public, on the day of the event.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_