

# Temporary Event Blanket Permit Application

**Application and deposit must be submitted at least 30 days before event.  
Completed vendor applications must be received at least 14 days before.**

## Event

Event Name \_\_\_\_\_

Event Date(s) \_\_\_\_\_

Hours of Operation \_\_\_\_\_

Event Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number of Anticipated Food Vendor Booths \_\_\_\_\_

For Office Use Only:

Booth #: \_\_\_\_\_

AR #: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Payment Date: \_\_\_\_\_

District Code: \_\_\_\_\_

**Attach list of all anticipated vendors (required)**

**Required Non-refundable \$215 Deposit** (covers travel, processing, first 10 minutes of coded time)  
Additional fees of \$215 per hour will be assessed for all time spent by Public Health - Seattle & King County staff to conduct inspections, consultations, travel and administrative services. The blanket permit coordinator will be billed after the event. The blanket permit coordinator agrees to follow all Health Department blanket permit requirements.

## Coordinator

Event Coordinator Name \_\_\_\_\_

Party Responsible for Billing \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**A map of vendor booths AND completed vendor applications must be submitted at least 14 days prior to the event. Provide a packet with all completed application forms. Vendors may not submit individual applications.**

\_\_\_\_\_  
Event Coordinator Signature

\_\_\_\_\_  
Event Coordinator Name

\_\_\_\_\_  
Date

**Please submit your application and deposit to:**

### EASTGATE

14350 S.E. Eastgate Way, Bellevue, WA 98007  
(206) 477-8050

### DOWNTOWN SEATTLE

401 - 5<sup>th</sup> Avenue, Suite 1100, Seattle, WA 98104  
(206) 263-9566