

TEMPORARY FOOD EVENT – COORDINATOR’S CHECKLIST

RETURN TO HEALTH DEPARTMENT DISTRICT OFFICE THIRTY (30) DAYS BEFORE EVENT

(Submittal of checklist not required for single day events or events with five or fewer food vendors. There is no fee associated with this application.)

Providing the following information will help to ensure that you have a successful event.

Be sure to notify all food booth participants of the Health Department requirement to apply for a Temporary Food Permit at least TWO (2) WEEKS PRIOR TO THE EVENT.

1. **NAME OF EVENT:** _____ **EVENT DATES:** _____
2. **EVENT ADDRESS OR LOCATION:** _____
3. **NAMES OF EVENT COORDINATORS/RESPONSIBLE INDIVIDUALS:**
Name: _____ Email: _____ Phone: _____
Name: _____ Email: _____ Phone: _____
4. **NUMBER OF ANTICIPATED FOOD BOOTHS:** _____
Attach a list of anticipated vendors.
5. **EVENT SET UP:** Set up date: _____ Time: _____
6. **TIME OF EVENT:** Opening time: _____ Closing time: _____
7. **Restrooms must be located within 200 feet of food booths with hot water for handwash. Where are the food worker restrooms located?**

8. **WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS?** Yes No
9. **WILL REFRIGERATED TRUCKS OR OTHER SHARED REFRIGERATION BE PROVIDED?** Yes No
11. **WILL WAREWASHING FACILITIES BE PROVIDED FOR FOOD BOOTH OPERATORS?** Yes No
(Dishwashing facilities are required if event is two or more days)
 - **If yes, describe:** _____
 - **How will water be supplied?** _____
 - **How will waste water be disposed?** _____

(Signature)

(Date)

Please submit your application to:

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

DOWNTOWN SEATTLE
401 - 5th Avenue, Suite 1100, Seattle, WA 98104
(206) 263-9566

Available in alternative format upon request

For Office Use Only:
Temporary Event ID: _____
Coordinator ID#: _____
Temporary Event Coordinator PE: 6230
District Code: _____