

Coordinator's Checklist for a Temporary Food Event

This form is *required* for multiple day events or events with **4** or more food vendors. Other event coordinators are encouraged to fill out this checklist. There is no fee associated with this form. Please complete and return this form to Snohomish Health District at least 30 days prior to the event.

A Temporary Food Establishment Permit Application for each food booth should be received by our office at least 14 days prior to the event to avoid a late fee.

1. **Name of event:** _____
2. **Date(s) of event:** _____
3. **Event location:** _____

4. **Event coordinator / Responsible individuals:**

Name	Address	Phone	Email
1.			
2.			
3.			
4.			

5. Anticipated number of food booths: _____
6. Attach a list of anticipated booths with name of booth, operator names, phone number and email address if available.
7. Time of event set-up: _____ Time of food operating hours: _____
8. Ground covering is required to be non-absorbent (exposed dirt/mud is not allowed).
9. If you provide electricity, it must be adequate for all equipment in booths.
10. Will you provide additional refrigeration or ice for booth operators to use at the event? _____
Please describe: _____
11. Dishwashing facilities are required for events that occur for more than one day.
Describe dishwashing facilities: _____
12. Source of potable water: _____
13. Wastewater may not be disposed onto the ground or in storm drains.
How and where will waste water be disposed? _____
14. How will garbage be disposed? _____
15. Will you be providing toilet facilities with accompanying hand washing units at the event? _____
If yes, how many of each? _____
16. Will there be domestic farm animals on site? Yes No
17. Provide a map **at least 7 days prior** to the event showing the layout of food booths, grounds, restrooms, etc.
18. Will parking passes or assigned parking be available for SHD Staff? _____

Signature: _____ Date: _____

OFFICE USE ONLY

Logged

Date & Initials: _____

Food Booth List					
	Booth #	Business Name	Person in Charge (PIC)	PIC Email Address	PIC Phone Number
1					
2					
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