

**2013  
Public Health Seattle-King County  
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 less food vendors.)

*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.***  
Application for a Temporary Food Permit can be made on-line at [www.kingcounty.gov/health/portal](http://www.kingcounty.gov/health/portal)

1. **NAME OF EVENT:** \_\_\_\_\_ **DATE OF EVENT:** \_\_\_\_\_

2. **DESCRIBE EVENT LOCATION:** \_\_\_\_\_  
\_\_\_\_\_

3. **NAMES OF EVENT COORDINATORS/RESPONSIBLE INDIVIDUALS:**

| <u>Name</u> | <u>Address</u> | <u>Phone #<br/>(work &amp; home)</u> |
|-------------|----------------|--------------------------------------|
| a. _____    | _____          | _____                                |
| b. _____    | _____          | _____                                |

4. **NUMBER OF ANTICIPATED FOOD BOOTHS:** \_\_\_\_\_

5. **DATE, TIME, LOCATION OF SCHEDULED MEETINGS WITH FOOD BOOTH PARTICIPANTS:**

| <u>Date</u> | <u>Time</u> | <u>Location</u> |
|-------------|-------------|-----------------|
| a. _____    | _____       | _____           |
| b. _____    | _____       | _____           |
| c. _____    | _____       | _____           |

6. **TIME OF:** a. **EVENT SET-UP:** \_\_\_\_\_  
b. **EVENT OPERATION:** \_\_\_\_\_

7. **DESCRIBE AVAILABLE RESTROOM FACILITIES FOR FOOD SERVICE WORKERS OF BOOTHS (within 200 feet of booth). Letter of availability may be required.**  
\_\_\_\_\_

8. **WHO WILL BE SUPPLYING PORTABLE TOILETS FOR THE PUBLIC?** \_\_\_\_\_  
(Portable toilets are sufficient for public patronage, but not food workers)

9. **WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS?**  Yes  No **If yes, describe:** \_\_\_\_\_

10. **WILL EQUIPMENT WASHING FACILITIES BE PROVIDED FOR FOOD BOOTH OPERATORS?**  Yes  No  
(If event is over one day dishwashing facilities are required)

a. **If yes, describe:** \_\_\_\_\_

b. **If yes, describe water supply:** \_\_\_\_\_

c. **If yes, describe waste water disposal:** \_\_\_\_\_

11. **HOW WILL GARBAGE BE DISPOSED? (i.e., available dumpsters, schedule for garbage removal, etc.):**  
\_\_\_\_\_

12. \_\_\_\_\_  
(Signature) (Title) (Date)

**DISTRICT HEALTH CENTERS**

|   |  |
|---|--|
| <p><b>DOWNTOWN</b><br/>401 5<sup>th</sup> Ave, 11<sup>th</sup> Floor<br/>Seattle, WA 98104<br/>206-263-9566</p> | <p><b>EASTGATE</b><br/>14350 S.E. Eastgate Way<br/>Bellevue, WA 98007<br/>206-296-9791</p> |
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