



## Coordinator's Checklist for a Temporary Food Event

Please complete and return this form *at least 21 days prior to the event*. By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your event. The application and fee for a temporary food permit from each operator must be received in the Food Section office 7 days prior to the event to avoid the additional late charge.

1. Name of event: \_\_\_\_\_
2. Date(s) of event: \_\_\_\_\_
3. Event location: \_\_\_\_\_
4. Event coordinator (responsible individual): \_\_\_\_\_  
Address: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_
5. Number of anticipated food booths: \_\_\_\_\_  
**NOTE:** *Attach a list of proposed food booth participants showing name of booth, operator name, address, telephone numbers and provide booth layout map.*
6. Time of event set-up: \_\_\_\_\_ Event operation hours: \_\_\_\_\_
7. Will electricity be provided to the food booths? YES NO  
*If yes, describe:* \_\_\_\_\_
8. Describe dish-washing facilities: \_\_\_\_\_
9. Source of water supply: \_\_\_\_\_ Backflow prevention: YES NO
10. Waste water disposal: \_\_\_\_\_
11. Garbage disposal method: \_\_\_\_\_
12. Toilet facilities (if contract, attach copy): \_\_\_\_\_
13. Describe hand-washing facilities that will accompany toilet facilities:  
\_\_\_\_\_
14. Describe area that booths will be placed on (i.e., grass, asphalt, dirt, etc.): \_\_\_\_\_  
**NOTE:** *Attach a map showing the layout of food booths, grounds, restrooms, etc.*
15. Are parking passes needed and available for Quil Ceda Village staff? YES NO

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Quil Ceda Village Health Department

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