2018



WHATCOM COUNTY HEALTH DEPARTMENT

Temporary Food Event Coordinator's Checklist

509 Girard Street Bellingham, WA 98225 Telephone: 360-778-6000 Fax: 360-778-6001

** Return to the Health Department Thirty (30) days before Event **

| Name of event | Date of event | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--|--|--|
| Describe event location | | | | |
| Event Setup Time Event Start Time | Event End Time | | | |
| Attach a map showing the layout of food booths, ground, restroom facilities, etc. | | | | |
| Names of event coordinators/responsible individuals for Name Address | food booths: <u>Phone #(Work/Home)</u> <u>Email</u> | | | |
| a | | | | |
| b | | | | |
| Number of anticipated food booths | | | | |
| Names, addresses and phone number of food booth participants. Please list on other side or attach separate sheet. Date, time, location of scheduled meetings with food booth participants. | | | | |
| <u>Date</u> <u>Time</u> <u>Location</u> | | | | |
| a | | | | |
| b | | | | |
| Describe available restroom facilities for food service workers of booths (flush toilets and hot and cold running water). Letter of availability may be required. (NO PORTABLE TOILETS). | | | | |
| Who will be supplying portable toilets for the public? | | | | |
| (Portable toilets are sufficient for public patronage, but not food workers.) | | | | |
| Will electricity be provided to the food booths? Yes ☐ No ☐ If yes, describe: | | | | |

| Will Equipment / Utensil washing facilities be provided for food booth operators? Yes □ No □ | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------|-------|--|
| If yes, describe | | | | |
| If yes, describe water supply | | | | |
| If yes, describe waste water disposal | | | | |
| How will garbage be disposed (i.e., available dumpster, schedule for garbage removal)? | | | | |
| Will there be a petting zoo? Yes □ No □ | | | | |
| If yes, describe handwashing station | | | | |
| Describe location of handwashing station | | | | |
| Please list all of the anticipated food vendors below. Include their mailing address, phone number and email (if available). Please notify us of any changes as soon as possible. Vendors that apply later than 2 weeks before the event may be charged a late fee or denied a permit. (You may attach a spreadsheet if preferred). | | | | |
| Name | Address | Phone | Email | |
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