



**GRAYS HARBOR COUNTY  
DEPARTMENT OF PUBLIC SERVICES  
ENVIRONMENTAL HEALTH DIVISION**

**100 W Broadway, Suite 31  
Montesano, WA 98563  
Telephone 360-249-4222  
Fax 360-249-3203**

**TEMPORARY EVENT COORDINATOR CHECKLIST**

Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Event location (Describe): \_\_\_\_\_

Name(s) of Event Coordinator(s):

Name	Address	Phone # (work & home)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of food booths anticipated: \_\_\_\_\_

Event Set-up Time: Beginning at \_\_\_\_\_ Ending at \_\_\_\_\_

Event Operation Time: Beginning at \_\_\_\_\_ Ending at \_\_\_\_\_

Describe restroom facilities available to food service. Toilets and hot & cold running water required. (PORTABLE TOILETS ARE NOT APPROVABLE EXCEPT UNDER SPECIAL CIRCUMSTANCES) Letter of availability may be required:

\_\_\_\_\_ within \_\_\_\_\_ feet of booths.

Supplier of portable toilets (For Public NOT FOOD VENDORS): \_\_\_\_\_

Number of toilets for females: \_\_\_\_\_ Number of toilets for males: \_\_\_\_\_

Electricity will be provided to the food booths: Yes  No

If yes, describe: \_\_\_\_\_

Equipment/utensil washing facilities will be provided for booth operators: Yes  No

If yes, describe: \_\_\_\_\_

Describe water supply: \_\_\_\_\_

Describe wastewater disposal and refuse disposal: \_\_\_\_\_

Garbage Disposal: Sponsor  Municipality  Dumpsters  Cans

Hauled to : \_\_\_\_\_

RCW 70.93.093 states that "in communities where there is an established curbside garbage service and where recycling service is available to businesses, a recycle program must be provided at every official gathering and at every sport facility by the vendors who sell beverages in single-use aluminum, glass or plastic bottles or cans."

Recycling available: Yes  No

**PLEASE ADVISE FOOD BOOTH PARTICIPANTS OF THE REQUIREMENT TO SUBMIT APPLICATIONS AT LEAST 8 WORKING DAYS PRIOR TO THE EVENT**

\*\*\* Attach a complete list of all food vendors anticipated at the event. \*\*\*  
\*\*\* Include vendor name, mailing address, telephone number, and email address for each food vendor.\*\*\*

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN 30 DAYS BEFORE THE EVENT**

