



**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. Letter of availability may be required:
_____ within _____ feet of booths.

Supplier of portable toilets (For Public): _____

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: _____

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