



WHATCOM COUNTY HEALTH DEPARTMENT

Temporary Food Event Coordinator's Checklist

509 Girard Street
Bellingham, WA 98225
Telephone: 360-676-6724
Fax: 360-676-6771

**** 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 food booths:

<u>Name</u>	<u>Address</u>	<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. _____	_____	_____
c. _____	_____	_____

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: _____
