Event Coordinator Application
For recurring events with temporary food establishments

Grant County Health District
1038 W. Ivy Ave, Moses Lake, WA 98837 • (509) 766-7960 • www.granthealth.org

Event Coordinator Information: (Additional Event Coordinators must fill out separate form)

Name _______________________________ Daytime Contact Phone _______________________________

Mailing Address _______________________________ City, State, Zip _______________________________

Email Address _______________________________

Event Information:

Name of Event _______________________________

Location of Event (address) _______________________________

Additional Location(s) (address) _______________________________

Start Date ___________________ End Date ___________________ Day(s) of Week of Event ___________________ Hours of Event ___________________

Event Coordinator Requirements:
For an Event Coordinator to receive approval and be in good standing they must assure the following: [Read the statements below and mark Yes (Y) or No (N)]

Y ☐ N ☐ 1. No temporary food establishments will be allowed to operate at the recurring event without GCHD approval and/or permit as appropriate.

Y ☐ N ☐ 2. Appropriate sanitation equipment (restrooms with warm water hand washing facilities within 200’, potable water, wastewater disposal site) is provided to temporary food establishments as required by GCHD.

Y ☐ N ☐ 3. Possess a current Washington State Food Worker Card. (Include copy)

EVENT COORDINATOR SIGNATURE _______________________________ DATE ___________________

By signing, I understand that issuance and retention of any permit is contingent upon satisfactory compliance with Grant County Health District requirements.

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Reviewed by: _______________________________ Date: _______________________________

Approved: ☐ Declined: ☐