

# Event Coordinator Application

For recurring events with temporary food establishments

Date Received \_\_\_\_\_

Initials \_\_\_\_\_

## 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.
- ☐ ☐ 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.
- ☐ ☐ 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.

\*\*\*\*\*

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved:**

☐

**Declined:**

☐