



The Chelan-Douglas Health District is **CLOSED** on **FRIDAYS**

TEMPORARY FOOD EVENT-COORDINATOR'S CHECK LIST

Chelan-Douglas Health District 200 Valley Mall Parkway, East Wenatchee, WA 98802

TEL: 509-886-6451 FAX: 509-886-6449. www.cdhd.wa.gov

Return this form to the Health District at least two weeks prior to the event

By providing the following information, you will assist in identifying potential health problems that might occur during your event. You must also notify the food booth owners of the requirement to submit their Temporary Food Establishment applications to the Health District at least two weeks prior to the event. Temporary Food Establishment Permit Applications can be located at our office or online www.cdhd.wa.gov.

Name of Event _____

Event Dates _____

Event Coordinator _____

Phone Number(s) _____ Fax _____

Email Address _____

Mail Address _____

City State Zip _____

Number of anticipated food booths _____

For Office Use Only

Food service begins _____ am/pm & ends _____ am/pm

Source of water (and name of water system) _____

Location of water disposal _____

Location of garbage disposal _____

Location of plumbed restroom facilities for food vendors _____

How many portable toilets will be available for the public attending? _____

Describe dishwashing facilities provided for the food booths _____

*****Please attach a list of food booths approved by your organization to be at the event. Include owner name, address and phone number of each food booth.**

Each food vendor is responsible for submitting for a Temporary Food Establishment Permit Application 14 days prior to the event. If you need to add a vendor or make any changes prior to the event please inform the Chelan-Douglas Health District.

(Print name of Person in Charge)

(Signature of Person in Charge)

(Date)