Public Health -Seattle & King County Farmers Market/Recurring Event – Coordinator's Checklist 2008

ANNUAL COORDINATOR'S FEE - \$100.00 RETURN TO HEALTH DEPARTMENT DISTRICT OFFICE THIRTY (30) DAYS BEFORE EVENT

By providing the following information, you will assist in identifying potential public health problems that might occur during your event. Solving these problems in advance will provide the opportunity for a successful and smooth operation. You must notify the food booth participants of the Health Department requirement: the Temporary Food Permit application must be received no later than TWO (2) WEEKS PRIOR TO THE EVENT.

NAME OF EVENT/Market			Date s of Event/Market	
DESCRIBE E	VENT/Market Location			
NAMES OF E	VENT/MARKET COOF	RDINATORS/RESPONSIBLE IND	IVIDUALS:	
<u>Name</u>	<u>e</u>	Address		Phone # (work & home
d				
NUMBER OF	ANTICIPATED FOOD	VENDORS:	-	
DATE, TIME,	LOCATION OF SCHE	DULED MEETINGS WITH FOOD	BOOTH PARTICIPANTS:	
<u>Date</u>	<u>Time</u>		Location	
ab				
c				
TIME OF:	a. EVENT/MARK	KET SET-UP:		
	b. EVENT/MARK	KET OPERATION:		
		M FACILITIES FOR FOOD SERV ded restrooms aren't available).	TICE WORKERS OF BOOTHS (1	within 200 feet of
WHO WILL B	BE SUPPLYING PORTA	ABLE TOILETS FOR THE PUBLIC	C?	
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LOCATION (a. describ. descri	OF EQUIPMENT/UTEN ribe: ribe water supply: ribe waste water disposal	ISIL WASHING FACILITIES PRO	DVIDED FOR FOOD VENDORS dule for garbage removal, etc.): (Title)	