



# Skagit County Public Health

Environmental Health

Food & Living Environment

## Temporary Food Establishment – Coordinator Application

<b>4 – Coordinator</b> <i>EH Use Only</i> Appr. Date: _____ EHS: _____
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Please complete this application and return at least 3 weeks before your event start date. Each vendor must have a valid mobile unit permit, temporary food establishment permit, or exemption with Skagit County Public Health. Skagit County Public Health will work with you and the vendors to ensure each is permitted appropriately. Vendors who apply for permits less than 2 weeks before the event may be charged a late fee.

For the purposes of this application, “Event” includes a single event or a reoccurring seasonal event, such as a Farmer’s Market.

**Vendors operating without a permit may be required to leave the event and assessed a fine.**

<b>Applicant Information</b>	Business/Agency Name		UBI	
	Coordinator Name			
	Mailing Address			
	City, State, Zip			
	Phone		Email	
	Type	<input type="checkbox"/> Association	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual

<b>Interview</b>	<b>Applicants must complete an interview with a food safety inspector.</b> Be prepared to discuss your vendors, venue, utility access, restroom access, and other operations.				
	Name & Phone				
	Preferred call time	Monday <input type="checkbox"/> AM <input type="checkbox"/> PM	Tuesday <input type="checkbox"/> AM <input type="checkbox"/> PM	Wednesday <input type="checkbox"/> AM <input type="checkbox"/> PM	Thursday <input type="checkbox"/> AM <input type="checkbox"/> PM

<b>Event Information</b>	Event Name						
	Event Location						
	Max # attendees	Venue is		<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors		
	Event Start Date	Event End Date					
	Event Start Time	Event End Time					
	Vendor Start Time	Vendor End Time					
	Check which day(s) of the week food vendors will be present	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

## Skagit County Public Health – Temporary Food Event Coordinator Application

All water must be from approved sources. Wastewater and refuse must be disposed of properly. Toilets intended for use by food vendors must have handwashing stations.

<b>Water &amp; Waste</b>	Water source	<input type="checkbox"/> PUD/Anacortes	<input type="checkbox"/> Other, Name or PWSID: _____	
	Wastewater disposal	<input type="checkbox"/> City sewer	<input type="checkbox"/> Septic system	<input type="checkbox"/> None
	Toilets	<input type="checkbox"/> Flush Toilets, # _____	<input type="checkbox"/> Portable toilets, # _____	<input type="checkbox"/> None
	Handwashing at toilets	<input type="checkbox"/> Plumbed, # _____	<input type="checkbox"/> Portable, # _____	<input type="checkbox"/> Sanitizer stations, # _____
	Trash/recycling	<input type="checkbox"/> Managed by venue <input type="checkbox"/> Self-hauled by vendors		

<b>Utilities for vendors</b>	Electricity	<input type="checkbox"/> Provided by venue	<input type="checkbox"/> Vendor generator		
	Natural Gas/Propane	<input type="checkbox"/> Provided by venue	<input type="checkbox"/> Vendor provided		
	Prep kitchen (check items provided)	<input type="checkbox"/> Handwashing sink	<input type="checkbox"/> 3-compartment dishwashing sink	<input type="checkbox"/> Produce sink	
		<input type="checkbox"/> Meat prep sink	<input type="checkbox"/> Refrigerator		<input type="checkbox"/> Freezer
<input type="checkbox"/> Cooking equipment		<input type="checkbox"/> Other (list) _____			

### Venue Plan

Draw the layout plan of your event venue. Include the location of all food vendors, toilets, handwashing stations, trash cans/dumpsters, and utility access points. You may also submit a drawing on another sheet.

**Skagit County Public Health – Temporary Food Event Coordinator Application**  
**Food Vendors**

Provide the name and contact information of each food vendor invited to your event. Use an additional page if needed.

Vendor		Contact Name	Phone	Email	Type of Food
1.	<i>Jane's Sweets</i>	<i>Jane Doe</i>	<i>360-555-1234</i>	<a href="mailto:jane@email.com"><i>jane@email.com</i></a>	<i>Wrapped candies</i>
2.	<i>The Chili Guy</i>	<i>Tony Smith</i>	<i>360-555-6789</i>	<a href="mailto:tony@email.com"><i>tony@email.com</i></a>	<i>Bean Chili</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

By signing this application, I attest that this application is complete and accurate. I agree to comply with the requirements of WAC 246-215 and SCC 12.36 and will permit the health officer or their agent to access the food establishment and review records and other information as required. I understand that permits are not transferrable between people or establishments and that all changes in operations must be approved in advance.

<b>Signature</b>		<b>Date</b>	
<b>Print Name</b>		<b>Title</b>	