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| **Temporary Event Coordinator Application** |
| * This form is required for events having 2 or more food vendors
* Submit the following application completed to ContactUsFoodSafety@bfhd.wa.gov
* Event Coordinator must carry a current Washington Food Worker Card
* All food vendors must be permitted with Benton Franklin Health District and adhere to WAC 246-215
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| **section 1: Business Contact Information/Review type** |
| **Date of Application** | Office use only  | Received by & Date: | Approved & Date:[ ]  | Denied/insufficient info [ ]  |
| **Name of the Event:** | **Event Start Date****/   /** | **Event End date****/   /** |
| **Location of the Event:** | **City** | **State**  | **Zip Code** |
| **Event Coordinators Name:** | **Daytime Phone****(    )** | **E-mail** |
| **Days and times of Event(use additional space if needed):** | **Expected # of patrons:** | **Number of Food Vendors** |
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| **section 2: Event Classification** |
| **Type of Event**Limited Menu: [ ]  Farmers Market [ ]  Flea Market [ ]  Fundraiser [ ]  Private [ ]  Other   |
| **Venue Capacity**  [ ]  51-100 [ ]  101-200 [ ]  200+ | **Max Number of Employees Per Day**[ ]  1-10 [ ]  11-20 [ ]  21-50 [ ]  51+  |
| **section 3: Services Provided onsite to Food Vendors:** (check all that apply and provide details if necessary)**:** |
| Water Supply: | [ ]  There is access to potable water taps on site.[ ]  Vendors must bring their own water supplies. |
| Wastewater: | [ ]  There will be liquid waste collection (tanks/receptacles) on site.[ ]  Vendors must arrange for their own wastewater disposal. |
| Electricity: | [ ]  There is access to electricity on site.[ ]  There will be no electricity supplied on site.[ ]  Generators will be provided for vendor use.[ ]  Vendors are allowed to use generators on site. |
| Trash/Refuse: | [ ]  There will be trash receptacles throughout the event for the public.[ ]  There will be dumpsters on site for vendor and public trash removal.How long will they be serviced?  |
| Restrooms/Toilet Facilities: | [ ]  Restrooms with plumbed hot water available for hand washing? How many? [ ]  Portable restrooms. How many?[ ]  Portable hand wash stations. How many?[ ]  How often will they be services? |
| Other Services: | [ ]  Refrigerated truck[ ]  Commissary kitchen (Provide a list of available equipment in kitchen.)[ ]  Ice |

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| **section 4: Vendors** |  |
| **Please List all Food Vendors – Attach additional sheets if necessary** |
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| Vendor Name | Phone | Email | General Vendor Product | BFHD Permit # |
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| **section 6: Signature** |  |
| *Note: It is the applicant’s responsibility to ensure compliance with COVID-19 operating requirements and all other applicable state, county, and city agencies before operating the establishment listed on this application.*  | Applicant Signature DateApplicant Printed Name Phone Number |

Please attach the following:

* Current food worker card for applicant
* Event COVID-19 Safety Management Plan to include:
	+ Diagram of event layout to include entry and exit points, vendor booth placement, hand sanitizer stations, restrooms, public sink access, and health screening area
	+ Blank template for participants, vendors, event staff contact information to assist with contact tracing in the event of an exposure that will be utilized at physical location
	+ Health screening plan
	+ Communication plan (high risk population exposure warning, physical distancing, and masks required communication strategy)
	+ Sanitation plan to include name of disinfectant product used, cleaning and disinfection frequency of restrooms, high touch points, outdoor dining area
	+ Plan to reduce crowd density in high traffic area (entry, food vendors, entertainment areas, etc.)
	+ Max capacity management strategy (Recommend a tally counter for entry and exit points to ensure capacity doesn’t exceed guidance)