

Temporary Event Blanket Permit Application

**Application and deposit must be submitted at least 30 days before event.
Completed vendor applications must be received at least 14 days before.**

Event

Event Name _____

Event Date(s) _____

Hours of Operation _____

Event Address _____

City _____ State _____ Zip _____

Number of Anticipated Food Vendor Booths _____

For Office Use Only:

Booth #: _____

AR #: _____

Invoice #: _____

Payment Date: _____

District Code: _____

Attach list of all anticipated vendors (required)

Required Non-refundable \$222 Deposit (covers travel, processing, first 10 minutes of coded time)
Additional fees of \$222 per hour will be assessed for all time spent by Public Health - Seattle & King County staff to conduct inspections, consultations, travel and administrative services. The blanket permit coordinator will be billed after the event. The blanket permit coordinator agrees to follow all Health Department blanket permit requirements.

Coordinator

Event Coordinator Name _____

Party Responsible for Billing _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

A map of vendor booths AND completed vendor applications must be submitted at least 14 days prior to the event. Provide a packet with all completed application forms. Vendors may not submit individual applications.

Event Coordinator Signature

Event Coordinator Name

Date

Please submit your application and deposit to:

EASTGATE

14350 S.E. Eastgate Way, Bellevue, WA 98007
(206) 477-8050

DOWNTOWN SEATTLE

401 - 5th Avenue, Suite 1100, Seattle, WA 98104
(206) 263-9566

Available in alternative format upon request

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