GRANT COUNTY HEALTH DISTRICT

Catering and Intermittent Food Establishment Event List

Please complete the following schedule and return prior to operating. Event list can be turned in monthly, quarterly, or annually. Notify GCHD if additional events are added.

List can be submitted by:
Mail: 1038 West Ivy, Moses Lake, WA 98837 • Email: info@granthealth.org • Fax (509-766-6519)

NAME OF FOOD ESTABLISHMENT_____ **PERMIT #** _____

PERSON IN CHARGE OF FOOD SERVICE_____

PHONE_____ **EMAIL** _____

EVENT INFORMATION: (Additional space on back)

STARTING DATE OF EVENT	More than 1 day? Yes/No	NAME & LOCATION OF EVENT	GENERAL OPERATING TIME(S)

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