



## Yakima Health District

1210 Ahtanum Ridge Drive  
Union Gap, Washington 98903  
Phone (509) 575-4040

<http://www.yakimahealthdistrict.org>

For Office Use:

CASE # \_\_\_\_\_  
Date \_\_\_\_\_ Initial \_\_\_\_\_  
Amt \_\_\_\_\_ Check# \_\_\_\_\_  
Code \_\_\_\_\_ Rec# \_\_\_\_\_

### EVENT/FESTIVAL REVIEW APPLICATION

<b>Event Name:</b>	<b>Event Dates:</b>
<b>Venue Address:</b>	<b>Max Attendance:</b>

#### APPLICANT INFORMATION

#### EVENT MANAGER INFORMATION (if different)

<b>Applicant/Mailing Name:</b>	<b>Manager Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>City, State, Zip:</b>	<b>City, State, Zip:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Email Address:</b>	<b>Email Address:</b>
<b>Contact information (if different from above):</b>	

- Number of Food Vendors: \_\_\_\_\_ Attach a list of vendors for YHD verification of permits
- Water Supply Source: \_\_\_\_\_
- Restrooms
  - Plumbed Toilets/Urinals: \_\_\_\_\_
  - Plumbed Handwashing Stations: \_\_\_\_\_
  - Portable Toilets: \_\_\_\_\_
  - Portable Handwashing Stations: \_\_\_\_\_
  - Pumping contractor: \_\_\_\_\_
  - How often will portable facilities be pumped? \_\_\_\_\_
- Garbage
  - Number of receptacles: \_\_\_\_\_
  - Dumpster size (if applicable): \_\_\_\_\_ Service Provider: \_\_\_\_\_
  - How often will receptacles be emptied? \_\_\_\_\_
  - How often will dumpster be emptied? \_\_\_\_\_
- Emergency Medical Services: Attach a description of emergency medical plan

SERVICE AND FEES - CLEARLY MARK YOUR SELECTION IN THE RIGHT COLUMN			
Festival Review – No Inspection (<500 capacity)	\$65	0.5x H_HCS_CP09	
Festival Review with Inspection (500+ capacity)	\$260	2x H_HCS_CP009	
Other Living Environment (Hourly Rate)	\$130	H_HCS_CP009	

My signature certifies that this information is accurate to the best of my knowledge. I grant permission for the Yakima Health District to make reviews or inspections required by the permit process. I understand that this application will become part of the public record and that any decision made by the Yakima Health District may be appealed provided that the appeal is made in writing and delivered to the Health District within 30 days of the decision. I also understand that supplying incorrect and/or incomplete information may result in delays in completing your requests, permit revocation, and/or additional costs.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Revised 152024