

Not For Profit Registration

TO OPERATE A
TEMPORARY FOOD
SERVICE ESTABLISHMENT

ELKHART COUNTY HEALTH DEPT.
4230 Elkhart Rd.
Goshen, IN 46526
Phone: 574-971-4600
Fax: 574-971-4599

Not for Profit Tax
Registration: _____

**COPY OF CERTIFICATE
MUST BE ATTACHED OR
ON FILE AT HEALTH DEPT.**

NAME OF ORGANIZATION: _____

PROPOSED LOCATION/EVENT: _____

CITY/VILLAGE: _____

**ELKHART
COUNTY**

LOCAL PHONE NO.: _____

PROPOSED DATE(S) OF OPERATION: _____

LIST ALL FOODS AND BEVERAGES OFFERED TO THE PUBLIC:

OWNER'S NAME/CONTACT PERSON: _____

ORGANIZATION'S LOCAL ADDRESS: _____

*I hereby certify that the foregoing
Information is accurate and complete*

Fax Number: _____
(Required to fax signed copy back to you)

Signature of Owner or Authorized Agent : _____

Title: _____

Phone: _____

ADDRESS: _____

Date: _____

Not for profit organizations are exempt from specific requirements of IC 16-42-5 provided they (1) not operate more than 15 days per year, (2) members of the organization prepare the food, (3) the name of each member who has prepared a food item is attached to the container in which the food item has been placed. The Elkhart County Health Department recommends that all requirements appropriate to your event be in compliance to avoid the potential for foodborne illness. Environmentalists are available to answer your food service questions by calling 574-971-4600 between 8:00 and 10:00 a.m. weekdays.

DO NOT WRITE BELOW THIS LINE

SIGNATURE OF HEALTH DEPARTMENT REPRESENTATIVE: _____

Date: _____

THIS SPACE FOR LOCAL HEALTH DEPT. USE:

Signed copy given to applicant: _____
(Date)

Picked
Up

Faxed

Mailed

By: _____
(initials)