

Environmental Health Services

4230 Elkhart Road Goshen, IN 46526 Phone 574-971-4600 Fax 574-971-4599 health.elkhartcounty.com

TEMPORARY EVENT COORDINATOR'S APPLICATION

The organizer of an event at which temporary food establishments operate shall register with the Elkhart County Health Department at least thirty (30) days prior to the event. Temporary food services must be inspected and licensed prior to operating at the event. A separate coordinator application shall be submitted for each event.

Please complete the following application and attach all information requested.

• Each vendor will be responsible for their own license fee which is payable during their opening inspection.

FEE SCHEDULE	
REGULAR FEE	Tier 1 for events one to two days in duration Tier 2 for events three to seven days in duration Tier 3 for events eight to fourteen days in duration
LATE FEE	THREE TIMES THE REGULAR FEE. This fee will apply to those food services operating without a license prior to inspection at the designated times, and food services that set up at the event after it's start date and are found operating without a license.

- Inspection times must be arranged **at least 30 days prior** to the event with the Health Department. The Health Department will do it's best to honor the requested inspection time, however it may need to be changed due to the number of vendors present, the number of Environmentalists available to do inspections, and the time of the event.
- It is the event coordinator's responsibility to contact the vendors and inform them of the inspection time once it is confirmed with the Health Department.
- Vendors need to be ready for inspection at the designated time unless prior arrangements have been made.
- At no time will the Environmentalists remain after the designated inspection times for vendors who are not ready.
- Vendors not ready for inspection at the designated times may not be able to be licensed and will need to remove their unit from the event.
- It is the event coordinator's responsibility to ensure that unlicensed vendors DO NOT operate.
- Vendors new to Elkhart County shall contact the Health Department to discuss requirements prior to the event. Licenses from other counties and states will NOT cover events in Elkhart County.
- Failure to meet these requirements may result in the inability for food vendors to be licensed and serve food at your event.
- Temporary food service guidelines are available at health.elkhartcounty.com

By providing the information below, you will assist in identifying and preventing potential health problems that may occur during your event. This event coordinator's application must be returned to our office no later than **30 days prior** to the event. For more information call (574) 971-4600. Office hours are Monday 8:00 am to 5:00 pm and Tuesday thru Friday 8:00 am to 4:00 pm, with Environmentalists typically available between 8:00 am and 10:00 am.

1.	EVENT NAME	
2.	DATE OF EVENTSTART TIME	
3.	DATE AND TIME REQUESTED FOR INSPECTION	
4.	EVENT LOCATION	
5.	EVENT COORDINATOR'S NAME	
	ADDRESS	
	PHONE NUMBERS	
6.	FOOD VENDOR OR ALTERNATE COORDINATOR'S NAME	
	ADDRESS	
	PHONE NUMBERS	
7.	SOURCE OF WATER SUPPLY If the water supply is a well, it must pass a bacteriological test by a certified lab and the results must forwarded to our department prior to the event.	be
8.	SOURCE OF ELECTRICITY FOR FOOD BOOTHS	
9.	LIQUID WASTE DISPOSAL METHOD	
10.	TRASH DISPOSAL METHOD	
11.	WHERE WILL SUPPLY TRUCKS BE PARKED?	
12.	PROVIDE A COPY OF THE TEMPORARY FOOD VENDOR INFORMATION FORM TO EACH VENDOR <u>AND</u> HAVE THEM RETURN IT TO YOU. SUBMIT THE FORMS TO OUR OFFICE AS GROUP.	

COORDINATOR SIGNATURE___ Please confirm the inspection time with our office at least 30 days prior to the event.

DATE

4250 Eikhart Koad, Goshen, in 40520 Phone: 574-971-4600 East 574-071-4500							
						Elkhart County Health Department Fax: 574-971-4599	
All Food Establishments must compl REQUEST MUST BE SUBMITTED TO T EACH QUESTION MUST BE ANSWER	HIS DEPARTMENT 30 DAYS PR	IOR TO THE INTENDE	D DATE OF OPERATION.				
FOOD VENDOR INFORMATION Date of Request:							
Owner Name:		Date o					
Establishment Name:							
Mailing Address:							
(Street)	(City)	(State)	(Zip Code)				
Telephone:	Email:						
Contact Person:							
EVENT INFORMATION							
Name of Event:		Date(s) o	f Event:				
Exact Location of Event:							
Exact Location of Event:(Stre	eet) (C		(Zip Code)				
Total # of Days of Operation:	Time of Event:	Hours of Opera	tion:				
FACILITY INFORMATION							
	□ Tent □ Inside B	uilding 🛛 🗆 Othe	er:				
Type of Structure: TrailerType of Water Source: Tank	Hose from Approved Source	urce 🛛 🗆 Othe	 er:				
Type of Power Source: Will plug i	nto direct source 📋 Generato	or 🗆 Othe	er:				
Describe wastewater holding and dis							
Will you be preparing food on site or off site?	r only heating/holding and serv	ving foods that have	been previously prepared				
IF PRE-MADE FOODS ARE NOT FROM							
FOOD SERVICE LICENSE FROM THE F							
List your food suppliers							
Name of Certified Food Manager:							
Please List ALL foods and beverages							
Licensing fees are graduated in a th in conjunction with a single event of fee amounts. Temporary food esta Treasurer at time of inspection. In:	or celebration. Please refer to t blishment license fees must be spectors do not carry change.	he Elkhart County Fe	e Ordinance for the current				
DO NOT SEND PAYMENT B	-						
The undersigned is requesting a temporary license to operate a temporary food service establishment pursuant							
to ISDH Retail Food Establishment Sanitation Requirements in 410-IAC 7-24 and Elkhart County Ordinance 2005-							
322 Submitting this application does not guarantee a license will be issued.							
Printed Name:							
Signature:		Date:					
Jighatare.							

Elkhart County Health Department 4230 Elkhart Road. Goshen, IN 46526