



Elkhart County Health Department

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 application on Page 3 and attach all the information requested.

Inspection times must be arranged **at least 14 days prior** to the event with the Health Department. The Health Department will do its 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
- Each vendor will be responsible for their own license fee which **must be paid in advance at least 2 business days before the event.**

The fee schedule will be as follows:

Temporary Food Establishment Permit **with more than 10 days Confirmed Notice of Intent to Operate** to Environmental Health:

- 1-2 Day Events \$55.00
- 3-7 Day Events \$75.00
- 8-14 Day Events \$125.00

Temporary Food Establishment Permit **with between 2 and 10 days Confirmed Notice of Intent to Operate** to Environmental Health:

- 1-2 Day Events \$110.00
- 3-7 Day Events \$150.00
- 8-14 Day Events \$250.00

Temporary Food Establishment Permit **with less than 48 hours of Confirmed Notice of Intent to Operate** to Environmental Health:

- 1-2 Day Events \$165.00
- 3-7 Day Events \$225.00
- 8-14 Day Events \$375.00

All temporary fees owed after at least 2 days Confirmed Notice of Intent to Operate is given must be paid to the Elkhart County Office of Environmental Health no later than 3:00 pm two business days prior to the event. If Confirmed Notice of Intent to Operate is given less than 48 hours in advance of the event, the applications and fees received must be immediately paid to the office at the time such Notice is given. Fees paid after office hours must be paid by check or credit card. Licenses are **NOT** transferable. Fees are **NOT** refundable.



Elkhart County Health Department

**TO BE COMPLETED BY THE EVENT ORGANIZER
COORDINATOR'S APPLICATION**

Elkhart County Health Department
4230 Elkhart Road, Goshen, IN 46526
Phone: 574-971-4600
Fax: 574-971-4599

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 EVENT _____ START TIME _____

3. **TOTAL NUMBER OF FOOD VENDORS PLANNED FOR EVENT** _____

4. DATE AND TIME REQUESTED FOR INSPECTION _____

5. EVENT LOCATION _____

6. EVENT COORDINATOR'S NAME _____

ADDRESS _____

PHONE NUMBERS _____

7. FOOD VENDOR COORDINATOR OR
ALTERNATE/ASSISTANT EVENT COORDINATOR'S NAME _____

ADDRESS _____

PHONE NUMBERS _____

8. 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 be forwarded to our department prior to the event.

9. SOURCE OF ELECTRICITY FOR FOOD BOOTHS _____

10. WASTEWATER DISPOSAL METHOD _____

EXAMPLES: DIRECT CONNECTION TO SEWER LINE, BULK HOLDING TANKS PROVIDED AND EMPTIED BY EVENT, PUMPING SERVICE PROVIDED TO EMPTY EACH UNIT'S INDIVIDUAL HOLDING TANK

11. TRASH DISPOSAL METHOD _____

EXAMPLES: DUMPSTERS PROVIDED FOR VENDOR USE, TRASH COLLECTION AND DISPOSAL BY EVENT STAFF

12. WHERE WILL SUPPLY TRUCKS BE PARKED? _____

13. PROVIDE A COPY OF THE **TEMPORARY FOOD VENDOR INFORMATION FORM (PAGE 4)** TO EACH VENDOR AND HAVE THEM RETURN IT TO YOU. SUBMIT THE FORMS TO OUR OFFICE AS A GROUP.

COORDINATOR SIGNATURE _____ DATE _____

Please confirm the inspection time with our office at least 14 days prior to the event.



Elkhart County Health Department

TO BE COMPLETED BY EACH FOOD VENDOR OPERATING AT EVENT TEMPORARY FOOD VENDOR INFORMATION FORM

Elkhart County Health Department
4230 Elkhart Road, Goshen, IN 46526
Phone: 574-971-4600
Fax: 574-971-4599

All Food Establishments must comply with the Indiana Food Code 410 IAC 7-24 and Elkhart County Code Title XI Chapter 112.

ANSWER EACH QUESTION COMPLETELY

FOOD VENDOR INFORMATION

Date of Request: _____

Owner Name: _____

Establishment Name: _____

Mailing Address: _____

(Street) (City) (State) (Zip Code)

Telephone: _____ Email: _____

Contact Person: _____

EVENT INFORMATION

Name of Event: _____ Date(s) of Event: _____

Exact Location of Event: _____

(Street) (City) (Zip Code)

Total # of Days of Operation: _____ Time of Event: _____ Hours of Operation: _____

FACILITY INFORMATION

Type of Structure: Trailer Tent Inside Building Other: _____

Type of Water Source: Tank Hose from Approved Source Other: _____

Type of Power Source: Will plug into direct source Generator Other: _____

Describe wastewater holding and disposal method: _____

Will you be preparing food on site or only heating/holding and serving foods that have been previously prepared off site? _____

IF PRE-MADE FOODS ARE NOT FROM COMMERCIAL FOOD SUPPLIERS YOU MUST SUPPLY A COPY OF THE FOOD SERVICE LICENSE FROM THE FACILITY WHERE THE FOODS ARE PREPARED. HOME BASED VENDOR FOODS CANNOT BE USED OR SOLD BY LICENSED FOOD ESTABLISHMENTS. THEY ARE NOT APPROVED FOOD SOURCES

List your food suppliers _____

Name of Certified Food Manager: _____ Certification # _____

Please List ALL foods and beverages to be prepared, sold and served:

Licensing fees are graduated in a three (3) tiered scale: 1) 1-2 days, 2) 3-7 days, and 3) 8-14 days at a single location in conjunction with a single event or celebration. Please refer to the Elkhart County Fee Ordinance for the current fee amounts. **Temporary food establishment license fees must be paid by 3:00 pm two business days before the event.**

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: _____

RETURN THIS FORM TO THE EVENT COORDINATOR NOT THE HEALTH DEPT.