



Elkhart County Health Department

TEMPORARY FOOD LICENSE AND INSPECTION REQUEST

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

All food Establishments must comply with 410 IAC 7-24 and Elkhart County Code Title XI Chapter 112. THIS REQUEST MUST BE SUBMITTED TO THIS DEPARTMENT 30 DAYS PRIOR TO THE INTENDED DATE OF OPERATION. **FORMS SUBMITTED WITH LESS THAN 10 DAYS NOTICE WILL RESULT IN FEE INCREASES** EACH QUESTION MUST BE ANSWERED IN ORDER FOR THIS REQUEST TO BE PROCESSED.

APPLICANT 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: _____ Start Time of Event: _____ Hours of Operation: _____

Time food preparation will begin (**Inspection and licensing must occur before this time**): _____

Request for inspection to be scheduled at: Date: _____ Time: _____

ELKHART COUNTY IS LOCATED IN THE EASTERN TIME ZONE AND OBSERVES DAYLIGHT SAVINGS TIME

This form satisfies the requirement of 410 IAC 7-24 section 107 (c), which requires food services provide at least 30 days' notice of an intent to operate.

Submission of this form does not guarantee a license to operate or an inspection at the requested time.



YOU MUST HAVE A RESPONSE FROM ECHD CONFIRMING THAT A LICENSING INSPECTION HAS BEEN SCHEDULED FOR YOUR ESTABLISHMENT IN ORDER TO OPERATE AT THE EVENT.

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 (CUTTING, SLICING, CHOPPING, MIXING INGREDIENTS, COOKING RAW FOODS, ETC.) or only heating/reheating, cold holding and/or hot 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.

List your food suppliers _____

Requests may be turned into our office, mailed, faxed (574-971-4599) or emailed to tempfood@elkhartcounty.com

Revised December 2023



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Name of Certified Food Manager: _____ Certification # _____

Please List ALL foods and beverages to be prepared, sold or 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. The current fee schedule can be found in the Elkhart County Fee Ordinance. **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 with credit card.

The undersigned is requesting a temporary license to operate a temporary food service establishment pursuant to IDOH Retail Food Establishment Sanitation Requirements in 410-IAC 7-24 and Elkhart County Code Title XI Chapter 112.

Printed Name: _____

Signature: _____

Date: _____