



**St. Joseph County Health Department**

**Temporary Event Plan and Review**

**IMPORTANT:** The temporary Plan and Review **MUST** be submitted to the Health Department **30 days prior to the Event. The application must be completed in its entirety.**

Event Name: \_\_\_\_\_

Date of Event: \_\_\_\_\_ 20\_\_\_\_ Operational Hours of Event: \_\_\_\_\_

Location of the Event: \_\_\_\_\_

Event Coordinator's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax number: \_\_\_\_\_

Set up Date: \_\_\_\_\_ 20\_\_\_\_ Time: \_\_\_\_\_

Water Supply: Public \_\_\_\_\_ Private \_\_\_\_\_ (copy of last water test) Y N

How will wastewater be disposed of: \_\_\_\_\_

***All liquid waste must be disposed of into approved containers (e.g., graywater bins) or to an approved sanitary sewer***

Total Number of Temporary Food Vendors: \_\_\_\_\_

Approximate number of people expected to attend the event daily: \_\_\_\_\_

**Event Coordinator Responsibility:**

- Ensure all vendors have **applied for and obtained the necessary permit(s) seven (7) days before the Event.**
- Contact the temporary vendors and inform them of the inspection time.
- Inform the vendors they need to be at their location until the Health Department has conducted an inspection. **Vendors who are not at their location or not in full compliance with 410 IAC 7-24 will not be allowed to operate.**
- If a vendor has not applied and paid for a permit, the Event Coordinator **SHALL** not allow that vendor to operate.
- Any vendor without adequate hand washing facilities will be closed until adequate hand washing facilities can be provided.
- Submit a site map listing location(s) of the food vendors.

The Temporary Event Plan and Review may be faxed to the Health Department at 574-235-9497, mailed to St. Joseph County Health Department, Attention Food Division, 227 W. Jefferson Blvd. 9<sup>th</sup> Floor County City Building, South Bend, IN 46601, or emailed to [CSmith@sjcindiana.com](mailto:CSmith@sjcindiana.com) If there are any questions contact our office at 574-235-9721.

Office Use Only

Date application received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

*Temporary Vendor Information*

	<i>Vendor Name</i>	<i>Contact Person</i>	<i>Cell Phone</i>	<i>Telephone</i>	<i>No. of Units</i>
1					
2					
3					
4					
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6					
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