



**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

Sewage Disposal direct hook up \_\_\_\_\_ Holding Tank: \_\_\_\_\_

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@co.st-joseph.in.us 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					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					