



## St. Joseph County Department of Health Temporary Event Plan and Review

**IMPORTANT:** The Temporary Plan and Review Application **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: \_\_\_\_\_ Operational Hours of Event: \_\_\_\_\_

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

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

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

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

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

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

Method used for Wastewater for disposal: \_\_\_\_\_

*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 attendees and staff expected at 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 Application may be faxed to the Health Department at 574-235-9497, mailed to St. Joseph County Department of Health, Attention Food Unit, 227 W. Jefferson Blvd., 9<sup>th</sup> Floor County City Building, South Bend, IN 46601, or emailed to [foodshd@sjcindiana.com](mailto:foodshd@sjcindiana.com). Online application submittal is also available at [www.sjcindiana.com/health](http://www.sjcindiana.com/health) in "Forms & Permits". If there are any questions, contact our office at 574-235-9750.

**Temporary Vendor Information**

	<i>Vendor Business Name</i>	<i>Contact Person</i>	<i>Cell Phone</i>	<i>Telephone</i>	<i>Number of Units</i>
1					
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3					
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Office Use Only

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