

Grant County Health Department

401 South Adams Street Marion, Indiana 46953

Phone (765) 651-2401 ext. 3123 or 3111

Fax (765) 651-2419

Dear Temporary Event Organizer:

Attached is a copy of the Registration Application for organizers of events serving food in Grant County. The Health Department requires an organizer of the event at which temporary food establishment operate to register with the Grant County Health Department (GCHD) at least 30-60 days prior to the event regardless of whether there is a charge for food. There is no charge for registration. If applicable, the event organizer shall submit a site map of the event area detailing vendor's locations, toilet and handwashing facilities, drinking water access for food vendors, trash receptacle for vendors and patrons.

Food vendors are required to obtain a temporary food service license {10} ten days before operating and when operating outside their licensed facility. The food vendors may apply for their license Monday through Friday from 8:00 a.m. to 4:00 p.m., they must obtain their license 10 days in advance of the first day of set-up or earlier, there is a late registration fee of \$50.00 Dollars plus license fee. Licenses for temporary events must be paid in cash, cashier check, certified check, or money order

A Certified Food Handler is required for food vendors distributing (PHF's) Potentially Hazardous Foods. A copy of the (CFH) must be sent to the Grant County Health Department with their application and fees

It is also the organizer's responsibility to provide access to safe drinking water from an approved source for the duration of the event. Organizers can rent hydrant meter by calling the Municipalities' in the area you plan to set-up, all private wells providing water to food vendors must have their water check by a certified lab i.e. Marion Utilities Lab, Hoosiers Microbiological Lab (HML) Muncie 30, days prior to the event or use commercial bottled water, if the unit has their own on board water holding tank, water must be from approve source. If you are using water from your own well, it must be tested before the event and a copy of the results sent to Grant County Health Department, no exception.

This registration allows GCHD staff to ensure that food vendors are made aware of local health codes prior to the event. It will remain GCHD's responsibility to ensure that food vendors are properly licensed and that food is served in a safe and sanitary manner.

The registration application can be faxed or mailed if time permitted. If you have questions regarding the registration please contact Dean Small at the numbers above,

Thank You

Grant County Health Department
401 South Adams Street Marion, Indiana 46953
Phone (765) 651-2401 ext. 3123 or 3111
Fax (765) 651-2419

EVENT ORGANIZER REGISTRATION APPLICATION

Please submit this front page of this registration application 30-60 days prior to the event.

PLEASE PRINT

Event/Festival _____ Organizer _____

Name _____ name _____

Event/Festival _____ Organizer _____

Address _____ address _____

Person in charge _____ City/State/Zip _____

Phone #for person _____ Fax _____

E-Mail address _____

Date of Event _____

Event hours _____ Food will be served starting at _____

Water will be provided from what source? On-site spigot / Hydrant meter

Your receipt from the water company for hydrant meter must be submitted at least 15-30 days prior to the event.

How many permanent/ temporary toilet facilities are available for the event patrons to use? If none, please write in "O" Men ___ _ Women _____

Organizers should provide basic sanitation during the event including: adequate toilets, handwashing, and garbage and refuse container.

Number of food establishments at event _____

Number of vendors frying foods on site _____

Complete the vendor list on the back of this form.

Please submit the food vendor list 30-60 days before event begins. Please ensure food vendors have a licensed retail food establishment or approved concession trailer and a (CFH) Certificate

Name of establishment	Contact person	Phone number	Type of Food
-----------------------	----------------	--------------	--------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature _____ Date _____