

**Valparaiso Office**

155 Indiana Ave., Suite 104

Valparaiso, IN 46383

**Portage Office**

3590 Willowcreek Rd., Suite C

Portage, IN 46368

porterhealth@porterco.org

219-465-3525 (Valparaiso)

219-759-8239 (Portage)

**RE: TEMPORARY EVENT REGISTRATION APPLICATION**

Dear Event Coordinator:

The Porter County Health Department has been advised that you are coordinating and/or participating in a temporary event in Porter County. We are requesting coordinators of events at which temporary food vendors operate to register with the Porter County Health Department (PCHD) **30 days prior to the event**. This registration allows PCHD Foods Division staff to ensure that food vendors are made aware of local permitting requirements and of local and state food codes and guidelines prior to the event. It will remain PCHD's responsibility to ensure that food vendors are properly permitted and that food is served in a safe and sanitary manner. There is no fee for the registration.

Complete the following enclosed forms and return to the Porter County Health Department **at least 30 days prior to the temporary event**.

- 1) Temporary Event Coordinator Registration Application
- 2) Finalized Food Vendor Information List (include non-profit food vendors)
- 3) Temporary Event Site Map (detailing food vendor locations with corresponding vendor establishment names)

Food vendors are required to obtain a temporary food permit by the Porter County Health Department **at least 7 days prior to operating at the event**. We request that you inform all food vendors participating at the event to contact the Porter County Health Department for information on temporary event permitting and setup requirements. The following forms are included for you to provide to the food vendors for their convenience and use:

- 1) Temporary Food Vendor Permit Application
- 2) Temporary Food Vendor Checklist
- 3) Example Commissary Agreement

The temporary event registration application forms may be faxed to the Health Department at 219-465-3531, mailed to Porter County Health Department, Attention Foods Division, 155 Indiana Ave, Suite 104, Valparaiso, IN 46383, or emailed to the Foods Division at [foods.division@porterco.org](mailto:foods.division@porterco.org).

If you have further questions regarding the event registration process contact the foods division at 219-465-3525 or by email at [foods.division@porterco.org](mailto:foods.division@porterco.org).

Thank you for your cooperation.

Porter County Health Department  
Foods Division



**Porter County Health Department**  
155 Indiana Ave, Suite 104  
Valparaiso, IN 46383  
Phone (219) 465-3525  
Fax (219) 465-3531

<https://www.in.gov/localhealth/portercounty/food-service-division/>

## **Temporary Event Coordinator Registration Application**

*Complete the registration application and return to the Porter County Health Department 30 days prior to the event.*

### **Event Information**

Name of the event: \_\_\_\_\_

Date (s) of the event: \_\_\_\_\_

Location of the event: \_\_\_\_\_

Event hours: \_\_\_\_\_

Number of patrons expected daily: \_\_\_\_\_

Anticipated Number of Food Booths: \_\_\_\_\_ *(Complete Food Vendor Information List and attach)*

Event coordinator name: \_\_\_\_\_

Coordinator phone number: \_\_\_\_\_ Cell: \_\_\_\_\_

Coordinator email: \_\_\_\_\_

Coordinator fax number: \_\_\_\_\_

Coordinator mailing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact person during event (if different from above): \_\_\_\_\_

Contact phone number during event: \_\_\_\_\_

### **Services provided on-site to Food Vendors** *(Check all that apply. Add attachment if explanation is necessary)*

#### **Water Supply:**

- There is access to potable water taps on site.
- Vendors must bring their own water supplies.

#### **Wastewater:**

- Direct hook up to sewage disposal system on site.
- There will be liquid waste collection tanks/receptacles on site.
- Vendors must arrange for their own wastewater disposal.

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

**Services provided on-site to Food Vendors continued** (Check all that apply. Add attachment if explanation is necessary)

**Electricity:**  No electricity will be supplied on site.  
 Access to electricity will be provided on site.  
 Generators will be provided for vendor use.  
 Vendors are allowed to use generators on site.

**Trash / Refuse:**  Trash receptacles will be provided throughout the event for the public.  
 Dumpster will be provided on site for vendor and public trash removal.  
How often will they be serviced? \_\_\_\_\_

**Toilet Facilities:**  Public restrooms with toilets will be available.  
How many? \_\_\_\_\_  
 Portable toilets, How many? \_\_\_\_\_  
How often will they be serviced? \_\_\_\_\_

**Handwashing Facilities:**  Public restrooms with handwashing sinks will be available.  
How many? \_\_\_\_\_  
 Portable handwashing stations will be available.  
How many? \_\_\_\_\_  
How often will they be serviced? \_\_\_\_\_

**Other Services:**  Refrigerated truck (s)  
 Commissary kitchen at event site (attach a list of available equipment in kitchen.)  
 Ice  
 Petting zoo, animal rides, live animal sales or adoptions (hand wash facilities are required)

➤ **ATTACH THE FOLLOWING ENCLOSED FORMS AND SUBMIT WITH THIS REGISTRATION APPLICATION:**

- **FINALIZED FOOD VENDOR INFORMATION LIST** (include non-profit food vendors). IF YOU UTILIZE A DIFFERENT FORM THAT INCLUDES THE REQUESTED INFORMATION (FOOD VENDOR ESTABLISHMENT NAME, CONTACT PERSON's NAME, TELEPHONE AND EMAIL), YOU MAY ATTACH IT TO THIS APPLICATION.
- **TEMPORARY EVENT SITE MAP** (detailing food vendor locations with corresponding vendor establishment names). IF YOU HAVE A SEPARATE MAP THAT INCLUDES THIS INFORMATION, YOU MAY ATTACH IT TO THIS APPLICATION.

Event Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Food Vendor Information List

Temporary Event Name:

location.

location:

Coordinator: \_\_\_\_\_ Date(s): \_\_\_\_\_

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PLEASE LIST EACH FOOD VENDOR CONTACT PERSON PHONE NUMBER AND EMAIL FOR THE VENDOR INCLUDED IN THIS LIST.

INCLUDE NON-PROFIT FOOD VENDORS, VENDORS WHO ARE NOT FOR-PROFIT, VENDORS WHO ARE NOT IN PERSON, PHONE NUMBERS, AND EMAIL FOR THE VENDOR.

**Note: Please notify Porter County Health Department Foods Division with any additions or cancellations.**

## Temporary Event Site Map

Temporary Event Name: \_\_\_\_\_ Location: \_\_\_\_\_

*Use this page to draw a site map with food vendor locations and corresponding vendor establishment names, or you may attach a map that includes this information. Please include the following, if applicable:*

- Commissary kitchen
- Petting zoo, animal rides, live animal sales or adoptions (hand wash facilities are required)