



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 7-26 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 Department of Health at 574-235-9497, mailed to St. Joseph County Department of Health, Attention Food Unit, 227 W. Jefferson Blvd., 9th Floor County City Building, South Bend, IN 46601, or emailed to foodshd@sjcindiana.com. Online application submittal is also available at www.sjcindiana.gov/health in "Forms & Permits". If there are any questions, contact our office at 574-235-9750, option 5.

Temporary Vendor Information

Revised 04/16/2025

	<i>Vendor Business Name</i>	<i>Contact Person</i>	<i>Cell Phone</i>	<i>Telephone</i>	<i>Number of Units</i>
1					
2					
3					
4					
5					
6					
7					
8					
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11					
12					
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Office Use Only

Date application received: _____ Staff Initials: _____