



TIPTON COUNTY  
HEALTH  
DEPARTMENT

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Mary Compton, MD-Health Officer

## Event Organizer Registration Application

This application must be submitted at least 30 days prior to the event

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

Event Address: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Event Hours: \_\_\_\_\_

Person(s) in Charge of Event (PIC): \_\_\_\_\_

PIC Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Food Service start and end times: \_\_\_\_\_

Number of Food Establishments/Vendors at the Event: \_\_\_\_\_

Will food vendors have varying service times?  YES  NO \*If yes, note on vendor list\*

Will this event be recurring?  YES  NO | If yes, how often?  Weekly  Monthly  Annually

**Organizers should provide basic sanitation for event attendees during the event including adequate toilets, hand washing, and garbage and refuse containers.**

Will water be provided for food vendors?  YES  NO  Vendor told to bring water

If water is to be provided, what is the approved source?  Private Well  Public Water Supply\*

**\*If using a hydrant meter, you must contact the local utility to flush the line and place a meter prior to the event. Food grade hoses and splitters must be used.**

Will gray water disposal be provided for food vendors?  YES  NO

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If yes, indicate location: \_\_\_\_\_

The final vendor list must be submitted at least 15 business days prior to the event. See page two (2) for vendor information.

PIC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Tipton, IN 46072  
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