



Wayne County Health Department
100 S 5th Street
Richmond, IN 47374
Phone (765)973-9245
Email: health@waynecounty.in.gov
Fax (765)973-9361

Temporary Event Coordinator Registration Application

Complete the registration application and return to the Wayne 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.

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: _____