

JEFFERSON COUNTY HEALTH DEPARTMENT

715 Green Road

Madison, IN 47250

Phone (812) 273-1942 Fax (812) 273-1955

**TEMPORARY EVENT
ORGANIZERS REGISTRATION APPLICATION**

IMPORTANT: To avoid suspension of your event and possible court action, you must register with the Jefferson County Health Department 30 days prior to the event.

EVENT/FESTIVAL NAME: _____

EVENT/FESTIVAL LOCATION: _____

ORGANIZER NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PERSON IN CHARGE: _____ PHONE: _____ FAX: _____

EMERGENCY CONTACT PERSON: _____ PHONE: _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED

DATE AND TIME OF EVENT: _____

VENDOR SET UP DATE AND TIME: _____

NUMBER OF FOOD AND BEVERAGE STANDS: _____

HOW MANY TOILETS ARE AVAILABLE FOR THE EVENT PATRONS TO USE?

NONE: _____ MEN: _____ WOMEN: _____

ORGANIZERS SHALL PROVIDE ADEQUATE TOILET, HAND WASHING, GARBAGE, GREY WATER, AND REFUSE CONTAINERS FOR THE EVENT

****All grease, food waste, and grey water must be disposed of according to all applicable laws****

Jefferson County Food Ordinance 2006-7, Section B: Permits, states it is unlawful for a Person to operate any Temporary Food Establishment in Jefferson County, without first obtaining a valid Permit from the Health Officer. Only persons who comply with the applicable requirements of 410 IAC 7-24 will be entitled to obtain and keep a Permit.

PLEASE COMPLETE THE LIST ON THE REVERSE SIDE OF THIS FORM, IDENTIFYING EACH STAND, STAND CONTACT PERSON AND CONTACT PHONE NUMBER. IF YOU USE A FORM THAT INCLUDES THIS INFORMATION, YOU MAY ATTACH IT TO THE REGISTRATION APPLICATION.

NAME OF ESTABLISHMENT

CONTACT PERSON

PHONE NUMBER

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____
- 11) _____
- 12) _____
- 13) _____
- 14) _____
- 15) _____
- 16) _____
- 17) _____
- 18) _____
- 19) _____
- 20) _____
- 21) _____
- 22) _____
- 23) _____
- 24) _____

SIGNATURE: _____ DATE: _____