



Tippecanoe County Event Coordinator Application

Foods & Environmental
1950 South 18th Street
Lafayette, IN 47905
Phone-765-423-9221 Fax-765-423-9277
health@tippecanoe.in.gov

Jeremy P. Adler, Health Officer
Stacie Rees, Food/Pool Service
Director

Please submit application at least 20 days prior to the event.

Event Information

Event Name: _____
 Event Location: _____
 Coordinator's Name: (person responsible for organizing the event) _____
 Email: _____ Phone: _____
 Name of Contact Person at the Event: _____ Phone: _____
 Event Start Date: _____ Event End Date: _____
 Event Start Time: _____ Event End Time: _____

Vendor Information

Number of (For Profit and Not for Profit) Food Vendors: _____
Please attach a list of food booths with the following:

1. Name of the food booths
2. Name of the person in charge of the food booth
3. Telephone number of the person in charge
4. Attach a map of the location of each food booth

Educational Training Session

Will there be a request for the Health Department to conduct an educational meeting for the food venders?
 Yes No *(if yes, the Health Department must be notified at least 2 weeks prior to the event.)*

Check All that Applies

Water Supply: Will the food vendors have access to public water lines? Yes No
 Will the food vendors have to supply their own water? Yes No
 Will well water be used? Yes No
(if yes, well water results from a certified laboratory must be submitted at least 30 days prior to event.)

Electricity: Will there be access to electricity for food vendors at the site? Yes No
 Will generators be allowed by food vendors at the site? Yes No

Liquid Waste Disposal:
 Will containers be provided for food vendors to dispose of their grease and liquid waste? Yes No
 Will food vendors be responsible for disposing their own grease and liquid waste? Yes No

Trash Disposal: Will trash receptacles be provided at the event? Yes No

Tent/Canopy: Will you provide leak proof/water resistant overhead protection? Yes No

Number of toilet facilities: _____

Signature: _____ Date: _____