



EVENT ORGANIZER REGISTRATION APPLICATION

Please submit this registration application and food vendor list on the back of this form no later than 10 business days before the event begins. **PLEASE PRINT**

Event/Festival Name: _____

Event/Festival Address (location): _____

Will event be indoors/outdoors?

Is alcohol served at event? Yes No

Date(s): _____ Time(s): _____

Number of people expected at event: _____

Organizer Name/Address: _____

Person in charge at event: _____

Phone Number / Email of person in charge: _____

Number of Food vendors at event: _____ (including vendors serving beverages and any non-profit organizations serving food/beverages)

Note: Non-profit groups are exempt from inspection but still must register with Health Department

Who will be responsible for obtaining temporary food permits for each food vendor?

Circle one: Facility Organizer Individual food vendors

***Organizers should provide basic sanitation during the event including: adequate toilets, handwashing, garbage and refuse containers, and grey water disposal (if applicable).**

PLEASE COMPLETE THE FOOD VENDOR LIST ON THE BACK OF THIS FORM

RETURN FORM TO:

GREENE COUNTY HEALTH DEPARTMENT
217 E SPING STREET, SUITE 1
BLOOMFIELD, IN 47424
(812) 384-4496
FAX 384-2037

Food Vendor List

**Please submit the food vendor list 10 business days before event begins.
Please identify non-profit groups who will be participating.**

<u>Name of Establishment</u>	<u>Contact person/Phone #</u>	<u>Menu/food item</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____

