LA PORTE COUNTY HEALTH DEPARTMENT

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(219) 809-0515 (219) 874-5611, Ext 7780 (219) 873-3018. Fax

EVENT APPLICATION

This completed event application is due in the Health Department at least 30 Days prior to the opening date of the event.

MUST BE RECEIVED AT LEAST 7 DAYS PRIOR TO THE EVENT.

Application Date	E-Mail Address:	
Event Name		
Event Location		
(Address if applicable)		
City		
Event Coordinator	Phone	E mail
Person in Charge	Phone	E mail
(of organizing the food booths)		
Opening Date of Event	Start Time	
Days / Hours of Operation		
Source of water supply	If the water	supply is a well, the satisfactory
results must be forwarded from a bacte		
Source of electricity for food vendors_		
Waste water disposal location		

PLEASE COMPLETE THE LIST ON THE REVERSE SIDE IDENTIFYING EACH FOOD VENDOR, CONTACT PERSON, AND PHONE NUMBER FOR THE VENDOR. IF VENDOR IS NON-PROFIT PLEASE LIST.

(NON PROFITS DO NOT NEED A TEMPORARY APPLICATION OR LICENSE).

The LaPorte County Retail Food Establishment & Bed and Breakfast Establishment Ordinance #13-15 states: Permits, "It is unlawful for a person to operate any Bed and Breakfast, Food establishment or food store or other food vendor in LaPorte County, without first obtaining a valid permit from the Health Officer."

VEND	OOR NAME	CONTACT PERSON	PHONE NUMBER	E MAIL
1				
2				
3				
4				
5				
6				
7				
B				
10				
*	VENDORS NO	OT READY AT THE DESIGNA	TED TIMES MAY NOT BI	E ABLE TO BE
	LICENSED A	ND WILL NEED TO REMOVE	THEIR UNIT FROM THE	EVENT.
*	_	ENT COORDINATOR'S RESP VENDORS DO NOT OPERAT		E THAT
*	Temporary fo	ood service guidelines are av	vailable at www.laporte	county.org
*		MEET THESE REQUIREMENTORS TO BE LICENSED AND S		

Signature____

Date