



# 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](mailto:health@tippecanoe.in.gov)

Gregory J. Loomis, M.D.  
Health Officer  
Stacie Rees, Food/Pool Service  
Director  
Amy Erwin, Administrator

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 vendors?  
 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: \_\_\_\_\_