

**HOWARD COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
120 EAST MULBERRY STREET, SUITE 210
KOKOMO, IN 46901-4657
Phone (765) 456-2403 Fax (765) 456-2417**

EVENT APPLICATION

This completed event application is due in the Health Department before 4:00 p.m. at least one week prior to the opening date of the event.

**APPLICATIONS FOR VENDORS' TEMPORARY RETAIL ESTABLISHMENT PERMITS
MUST BE RECEIVED AND REVIEWED BY OUR OFFICE AT LEAST ONE WEEK PRIOR
TO THE PLANNED OPENING DATE OF THE EVENT.**

Application Date _____

Event / Festival _____

Event / Festival Location _____
(Address if applicable)

City / State / Zip _____

Event Coordinator _____ **Phone** _____ **Fax** _____

Person in Charge _____ **Phone** _____
(of organizing the food booths)

◆ ◆ ◆ ◆

Opening Date of Event _____ **Start Time** _____

Days / Hours of Operation _____

Number of People Expected Daily _____

Number of Food and Beverage Stands _____

◆ ◆ ◆ ◆

**PLEASE COMPLETE THE LIST ON THE REVERSE SIDE OF THIS FORM, IDENTIFYING
EACH FOOD VENDOR, CONTACT PERSON, AND PHONE NUMBER FOR THE VENDOR.
IF YOU UTILIZE A DIFFERENT FORM THAT INCLUDES THIS INFORMATION, YOU
MAY ATTACH IT TO THIS APPLICATION.**

The Howard County Retail Food Establishment & Bed and Breakfast Establishment Ordinance 2005 BCC-22 states that it is unlawful for any person to operate a Retail Food Establishment and/or Temporary Retail Food Establishment in Howard County, without first obtaining a valid permit from the Health Officer. The valid Permit must be posted in a conspicuous location in the Establishment.



NAME OF ESTABLISHMENT	CONTACT PERSON	PHONE NUMBER
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____



Vendors must have access to potable water from an approved source during the event. Wastewater, grease, and food debris must be disposed of according to all applicable laws.

SIGNATURE _____ **DATE** _____