

Estab#	License Category:	Fee Processed:	Check#
DATCP#	Effective Date:	Amount Paid: \$	Acct# 320-00000-43575
OFFICE USE ONLY			

ENVIRONMENTAL HEALTH CONSORTIUM

CUDAHY • SOUTH MILWAUKEE • ST. FRANCIS

SOUTH MILWAUKEE HEALTH DEPARTMENT
 2424 15TH AVENUE
 SOUTH MILWAUKEE, WI 53172
 (414) 768-8055
 FAX: (414) 768-5720



PERMIT APPLICATION MICRO MARKETS

Please print or type. Submit completed application (signed and dated) and applicable fees to the address above.

Application is for: New Establishment Change of Operator Remodel/Modification

Establishment Name/DBA:		Establishment Telephone:	
Establishment Address:			
Billing Street Address, City, State & Zip Code (if different than above):			
Primary Contact (Operator/Manager):		Primary Contact Telephone:	
Primary Contact Email:		Fax:	
Legal Entity (check one): <input type="checkbox"/> Sole Proprietor (Individual) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/LLC* <input type="checkbox"/> Nonprofit Organization <small>*If licensed as a corporation, it must be registered with the State of Wisconsin Department of Financial Institutions.</small>			
Legal Licensee:		Legal Licensee Telephone:	
Licensee Street Address, City, State & Zip Code:			
Name of Corporate Contact/Agent (if applicable):			
Corporate Contact/Agent Email:		Fax:	
WI Seller's Permit Number:	Name as it appears on Seller's Permit:		

PLEASE CHECK THE APPROPRIATE CATEGORY

ESTABLISHMENT TYPE:	FEES	
	ANNUAL PERMIT	PRE-INSPECTION <small>(new construction/change of operator/ remodel)</small>
MICRO MARKETS		
<input type="checkbox"/> Micro Market (1 only)	\$44.00	\$40.00
<input type="checkbox"/> Micro Market (2 or more at same location)	\$66.00	\$60.00

CHECKS OR MONEY ORDERS MADE OUT TO: **CITY OF SOUTH MILWAUKEE**

Total Due: \$

Signature of Licensee

Date