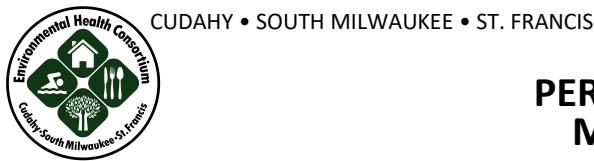


Estab#	License Category:	Fee Processed:	Check#
DATCP#	Effective Date:	Amount Paid: \$	Acct# 320-00000-43575

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	
*If licensed as a corporation, it must be registered with the State of Wisconsin Department of Financial Institutions.	
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 (new construction/change of operator/ remodel)
<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