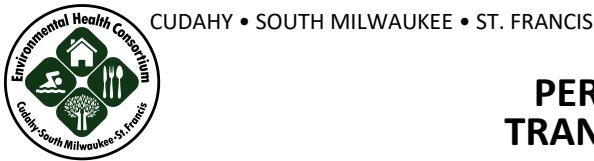


Estab#	License Category:	Fee Processed:	Check#
DATCP#	Effective Date:	Amount Paid: \$	Acct# 320-00000-43575

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 TRANSIENT RETAIL FOOD

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 Risk Change

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	
<i>*If licensed as a corporation, it must be registered with the State of Wisconsin Department of Financial Institutions.</i>	
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:
Certified Food Manager Required: <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, Name of CFM:

PLEASE CHECK THE APPROPRIATE CATEGORY

ESTABLISHMENT TYPE:	FEES	
	ANNUAL PERMIT	SANITARY INSPECTION (Fee assessed for inspections on transients licensed outside EHC jurisdiction)
<input type="checkbox"/> Transient Retail Food		
<input type="checkbox"/> Prepackaged TCS food	\$63.00	\$56.00
<input type="checkbox"/> Processing Non-TCS food	\$63.00	\$56.00
<input type="checkbox"/> Processing TCS food	\$105.00	\$80.00

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

Total Due: \$

Signature of Licensee

Date

EVENT DETAILS

Provide the name and date(s) of the first event/market you will attend:

Name:

Dates:

At your first event, the Environmental Health Specialist will inspect your operations and, if in compliance, issue your license.

Provide the name(s) and date(s) of other events/markets you will attend (if known):

Name(s):

Date(s):

Separate licenses are not needed for each event. EXCEPTION: If you will be operating multiple booths and/or events at the same time, a separate license is needed for each booth/event. Submit an application for each booth/event.

FOOD PROCESSING

Will any food processing be done at the event? No Yes

Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.

If "Yes", check the types of food items

Snacks, Confections & Beverages

Includes, but is not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, popcorn, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/cheese

Meals

Includes, but is not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads

Will any food processing be done offsite? No Yes

If "Yes", provide the name and address of the licensed kitchen or mobile base:

Will any hazardous foods be sold? No Yes

Hazardous foods require temperature control (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)

If "Yes", list the types of food items: