

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	
TRANSIENT RETAIL FOOD	ANNUAL PERMIT	SANITARY INSPECTION (Fee assessed for inspections on transients licensed outside EHC jurisdiction)
<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 operation 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 chees 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: