

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 RETAIL FOOD STORE - SERVING MEALS

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 ☐ 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		
RETAIL FOOD STORE—SERVING MEALS <i>Meals are prepared, served, and sold at your establishment, and are the primary (greater than 50%) food activity.</i>	ANNUAL PERMIT	PRE-INSPECTION <i>(new construction/change of operator/remodel)</i>	PLAN REVIEW <i>(new construction/remodel)</i>
<input type="checkbox"/> Prepackaged TCS Food	\$228.00	\$195.00	\$93.00
<input type="checkbox"/> Simple	\$453.00	\$246.00	\$137.00
<input type="checkbox"/> Moderate	\$646.00	\$411.00	\$222.00
<input type="checkbox"/> Complex	\$783.00	\$573.00	\$292.00
<input type="checkbox"/> Special Event Group <i>(serving 4-12 days a year)</i>	\$130.00	n/a	n/a
<input type="checkbox"/> Certified Food Program	\$44.00	n/a	n/a

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

Total Due: \$

Signature of Licensee

Date

## FOOD PROCESSING

Will any food processing be done? ☐ 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 & 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 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:

## DETAILS OF OPERATION

Are you applying for an alcohol beverage license? ☐ No ☐ Yes

Will you have seating on site for dining? ☐ No ☐ Yes Max seating capacity? \_\_\_\_\_

Will you be doing any catering? ☐ No ☐ Yes

Will you be doing any delivery? ☐ No ☐ Yes

Will you have outdoor activities? ☐ No ☐ Yes

If "Yes", check all that apply: ☐ Bar ☐ Cooking/Grilling ☐ Dining

Will you have a drive thru window? ☐ No ☐ Yes

## CONSTRUCTION OR CHANGES

Are you planning any construction, remodeling or equipment changes? ☐ No ☐ Yes

If "Yes", check all that apply: ☐ New Construction ☐ Construction changes to existing building  
☐ Renovation or remodeling ☐ Equipment changes only

Provide a brief description of the changes:

Name, Address & Phone Number for Architect:

Name, Address & Phone Number for Contractor: