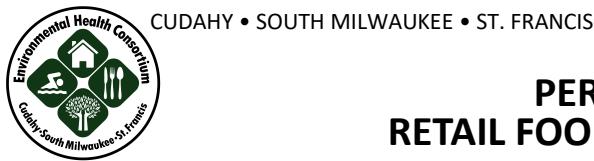


Estab#	License Category:	Fee Processed:	Check#
DATCP#	Effective Date:	Amount Paid: \$	Acct# 320-00000-43575

OFFICE USE ONLY

## ENVIRONMENTAL HEALTH CONSORTIUM



## PERMIT APPLICATION RETAIL FOOD STORE - SERVING MEALS

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

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		
	ANNUAL PERMIT	PRE-INSPECTION (new construction/change of operator/remodel)	PLAN REVIEW (new construction/remodel)
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>			
<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 LicenseeDate

## 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 cheese 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

New Construction  Construction changes to existing building

If "Yes", check all that apply:  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: