

Estab#	DATCP#	Date Processed:	Amount Paid: \$
License Category:		License Date:	Check#:
FOR OFFICE USE			Acct#: 320-00000-43575

# ENVIRONMENTAL HEALTH CONSORTIUM

CUDAHY • SOUTH MILWAUKEE • ST FRANCIS

SOUTH MILWAUKEE HEALTH DEPARTMENT

2424 15TH AVENUE

SOUTH MILWAUKEE, WI 53172

PH (414) 768-8055 · FAX (414) 768-5720

EHCLicensing@smwi.org · www.smwi.org



## PERMIT APPLICATION RETAIL FOOD TRANSIENT

Please print or type. Submit completed application (signed and dated) and applicable fees to the address above.

Application is for: <input type="checkbox"/> New Permit <input type="checkbox"/> Renewal Permit <input type="checkbox"/> Inspection <input type="checkbox"/> Change of Operator <input type="checkbox"/> Risk Change	
EHC Event or Markets Attending and/or EHC Location of Operation:	Event Date:
Establishment Name/DBA:	Establishment Telephone:
Establishment Service Base 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 <small>*If licensed as a corporation, it must be registered with the State of Wisconsin Department of Financial Institutions.</small>	
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:
Operation: <input type="checkbox"/> Year-Round <input type="checkbox"/> Summer Season <input type="checkbox"/> Winter/School Season Hours: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening <input type="checkbox"/> Weekend	
Certified Food Manager required? <input type="checkbox"/> No <input type="checkbox"/> Yes Name of CFM:	
Transient Type: <input type="checkbox"/> Booth (tables/canopy) <input type="checkbox"/> Push Cart <input type="checkbox"/> Trailer <input type="checkbox"/> Other:	

### PLEASE CHECK THE APPROPRIATE CATEGORY

ESTABLISHMENT TYPE:	FEES	
TRANSIENT RETAIL FOOD	ANNUAL PERMIT	SANITARY INSPECTION ONLY
<small>(Only one permit is required per transient unit, even if you are planning to attend multiple events or markets within the license year. A Sanitary Inspection Fee may be assessed for inspections on units with a transient permit issued <u>outside</u> of EHC jurisdiction.)</small>		
<input type="checkbox"/> Prepackaged TCS Food	\$ 66.00	\$ 59.00
<input type="checkbox"/> Processing Non-TCS Food	\$ 66.00	\$ 59.00
<input type="checkbox"/> Processing TCS Food	\$ 110.00	\$ 84.00
CHECKS OR MONEY ORDERS MADE OUT TO: <u>CITY OF SOUTH MILWAUKEE</u> Total Due: \$		

Signature of Licensee **X**

Today's Date **X**

## FOOD PROCESSING

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

Will any food processing be done offsite? ☐ 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" to either, 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 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:

Please provide the name and address of licensed kitchen/service base(s):

## DETAILS OF OPERATION

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

Will any wholesale business be done? ☐ No ☐ Yes

Do any events last for more than one day? ☐ No ☐ Yes

*If "Yes", where will you store your food and equipment during the overnight hours?*

Have you had a food license previously? ☐ No ☐ Yes

Have you ever had a food license suspended or revoked? ☐ No ☐ Yes

*If "Yes", please describe briefly:*

Do you have or will you require a variance? ☐ No ☐ Yes

*If "Yes", please describe briefly:*

How will you keep hot foods hot and cold foods cold at the event/market?

How will you prevent bare-hand contact and food contamination?

Where will you dispose of waste water and grease?

How will you clean and sanitize food equipment and utensils at your booth?

How will you clean and sanitize hands at your booth?

Please provide the name, location and dates of any additional temporary events or markets in WI planned to attend: