

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 FACILITY – SERVING MEALS

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

Application is for: <input type="checkbox"/> New Establishment <input type="checkbox"/> Change of Operator <input type="checkbox"/> Remodel/Modification <input type="checkbox"/> 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:
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:	

PLEASE CHECK THE APPROPRIATE CATEGORY

ESTABLISHMENT TYPE:		FEES		
RETAIL FOOD—SERVING MEALS		ANNUAL PERMIT	PRE-INSPECTION	PLAN REVIEW
<i>Meals are prepared, served, and sold, and is the primary (greater than 50%) food activity</i>			<i>(new construction, change of operator or risk, renovation)</i>	
<input type="checkbox"/> Food Storage (no food preparation)	FMP	\$ 137.00	\$ 164.00	\$ 103.00
<input type="checkbox"/> Prepackaged TCS food	FRP	\$ 239.00	\$ 205.00	\$ 98.00
<input type="checkbox"/> Simple	FRL	\$ 476.00	\$ 258.00	\$ 144.00
<input type="checkbox"/> Moderate	FRM	\$ 678.00	\$ 432.00	\$ 233.00
<input type="checkbox"/> Complex	FRC	\$ 822.00	\$ 602.00	\$ 307.00
Check here if application is for a Service Base <input type="checkbox"/>				
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? ☐ 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

Where will food be prepared and/or sold? ☐ At a single site ☐ At multiple sites #: _____

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 have outdoor activities? ☐ No ☐ Yes

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

Will you be doing any catering? ☐ No ☐ Yes

Will you be doing any delivery? ☐ No ☐ Yes

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

Will any wholesale business be done? ☐ No ☐ Yes

Have you had a food license previously? ☐ No ☐ Yes If "Yes", How long ago? _____

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

If "Yes", please describe briefly:

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

If "Yes", please describe briefly:

CONSTRUCTION OR CHANGES

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

If "Yes", check all that apply: ☐ New construction ☐ Renovation or remodeling interior
☐ Changes to construction ☐ Equipment changes

Provide a brief description of the changes:

Name, Address & Phone Number for Architect:

Name, Address & Phone Number for Contractor: