



_F-4d-05.docx (New 01/21)

Public Health
Prevent. Promote. Protect.
Florence County
Health Department

Florence County Health Department

501 Lake Ave PO Box 410 Florence, Wisconsin 54121 715-528-4837
A.Seibold, RN, MS Health Officer/Director



License Application – Special Event –Serving Meals

Wis. Stat. § 97.30

ESTABLISHMENT/DBA INFORMATION:			
ESTABLISHMENT/DBA NAME:		COUNTY:	
ESTABLISHMENT STREET ADDRESS:	CITY:	STATE:	ZIP:
EMAIL ADDRESS:		ESTABLISHMENT PHONE NUMBER: () - S	

CONTACT INFORMATION			
CONTACT PERSON:	TITLE:	PHONE NUMBER: () -	EMAIL ADDRESS:

LICENSE FEES – Exempt for churches; religious; fraternal; youth; patriotic organizations; service clubs; and civic organizations that prepare, serve, or sell meals to transients or the general public for 4 days, but no more than 12 days in a licensing year (July 1 – June 30). Fees listed below are for those organizations that hold more than the allotted number of days.

<input type="checkbox"/> Exempt – Event Number for Organization _____	
<input type="checkbox"/> Simple – Total Fee \$230	
<input type="checkbox"/> Moderate – Total Fee \$330 (\$330 Annual License Fee + \$470 One Time Pre-Licensing Fee)	
<input type="checkbox"/> Complex – Total Fee \$540	
Total Amount Enclosed: \$	Check Number:

Please read carefully before signing

Information requested on this application must be provided to obtain a retail food establishment license. Personal information you provide may be used for purposes other than that for which it was originally collected (Wis. Stat. § 15.04(1) (m)). Operating without a license is a violation of Wisconsin Law. If you have been operating without a license, you will be required to pay an operating without a license fee in addition to the license fee. Licenses are not transferable between persons or locations. Licenses expire annually on June 30; unless issued after April 1, which will expire on June 30th of the following year. The license fee is not prorated for partial license years. The Department may inspect premises at any reasonable time. Missing information may delay the issuance of your license. You are not licensed to operate until the department conducts an inspection. The undersigned hereby certifies that this is a true, complete and accurate application for the Retail Food Establishment license under Wis. Stat. § 97.30.

Within 30 days after receiving a complete application for a license, the department or its agent shall either approve the application and issue a license or deny the application. If the application for a license is denied, the department or its agent shall give the applicant reasons, in writing, for the denial. A license shall not be issued to an operator without prior inspection.

SIGNATURE – APPLICANT: _____ DATE SIGNED: _____

Please mail application and payment to: **Florence Co Health Dept. PO Box 410, Florence, WI 54121**

This institution is an equal opportunity employer.