



Florence County Health Department

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



Wis. Stat. § 97.30

LICENSE APPLICATION – Retail Food Establishment– Not Serving Meals, Mobile

ESTABLISHMENT/DBA INFORMATION:			
ESTABLISHMENT NAME:	COUNTY:		
SERVICE BASE STREET ADDRESS:	CITY:	STATE:	ZIP:
EMAIL ADDRESS:	ESTABLISHMENT PHONE: () -		
Choose One: <input type="checkbox"/> Plan Review Required – New Construction or Remodel; <input type="checkbox"/> No Plan Review – Existing Facility			
LEGAL ENTITY INFORMATION – CHECK ONE			
<input type="checkbox"/> Individual	<input type="checkbox"/> Married Couple	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Corporation
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership (LP)	In what state is your entity registered?
LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.):		COUNTY:	
LEGAL ENTITY MAILING ADDRESS:		CITY:	STATE: ZIP:
EMAIL ADDRESS:		LEGAL ENTITY PHONE: () -	
CONTACT INFORMATION			
CONTACT PERSON:	TITLE:	PHONE: () -	EMAIL ADDRESS:
LICENSE FEES – Choose one from each category using the point assessment worksheet			
Retail Mobile Unit Fees		Retail Service Base Fees	
<input type="checkbox"/> Prepackaged (no exposed food, everything is packaged) = \$45	<input type="checkbox"/> Simple Non-TCS (final product does not require temperature control) = \$60	<input type="checkbox"/> No Food Preparation/Processing or Prepackaged Food Only = \$45	<input type="checkbox"/> Simple Non-TCS = \$60
<input type="checkbox"/> Simple TCS (final product requires temperature control) = \$190	<input type="checkbox"/> Moderate = \$265	<input type="checkbox"/> Simple TCS = \$190	<input type="checkbox"/> Moderate = \$265
<input type="checkbox"/> Complex = \$685		<input type="checkbox"/> Complex = \$685	
FEE AMOUNTS – Must have a mobile unit and a service base fee			
LICENSE FEE: Mobile Fee _____ + Base Fee _____ = Total Amount Due		TOTAL AMOUNT PAID:	CHECK #:

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 a surcharge 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

