



Florence County Health Department

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



Mobile Retail Food Establishment Plan Review Application

Wis. Stat. ch. § 97.30

All information must be sent either prior to application or with application to the **FLORENCE COUNTY HEALTH DEPARTMENT**, to the above address. Incomplete information may delay processing. **Type or Print Only.**

Application is for: ☐ New Establishment ☐ Remodel

Establishment Information

Establishment Name	Establishment Email Address
Establishment Street Address, City, State and Zip Code	Establishment Telephone ()

Legal Licensee Information

Legal Licensee (name of sole proprietor, LLC, INC. etc.)	Legal Licensee Email Address
Legal Licensee Street Address, City, State and Zip Code	Legal Licensee Telephone ()

Contact Information (if different than above, if same as above- leave blank)

Contact Name	Contact Title
Contact Phone Number	Contact Email Address

Required: All information below MUST be sent

- | | |
|--|--|
| <input type="checkbox"/> Equipment list that includes make and model numbers | <input type="checkbox"/> Copy of proposed menu |
| <input type="checkbox"/> Finish material schedule- floor, wall and ceiling covering for each processing area of the retail food establishment
Processes: check all that apply (below) | <input type="checkbox"/> Floor plan drawn to scale with equipment and sinks labeled using a key.
Plans do not need to be architect drawn. |
| <input type="checkbox"/> Thawing <input type="checkbox"/> Hot Holding <input type="checkbox"/> Fruit & Vegetable Washing | <input type="checkbox"/> Cooling <input type="checkbox"/> Smoking <input type="checkbox"/> Sous Vide <input type="checkbox"/> Fermentation |
| <input type="checkbox"/> Waste water tank volume: | |
| <input type="checkbox"/> Fresh potable water tank volume: | |
| <input type="checkbox"/> Service base Name, Address, License Number: | |

By signing, you attest all information is accurate, and you will notify Florence County Health Department if you change information that has been submitted.

Within **30 days** after receiving a complete application information under par. (a), or any additional information requested under par (b), the department shall approve or deny the plan. If the department or its agent denies a plan, it shall give the plan applicant the reason for denial in writing. The plan applicant may appeal the decision made by the department or its agent under ss. ATCP 75.14 and 75.16.

SIGNATURE- APPLICANT

DATE SIGNED

*Additional information required upon request per Wis Admin Code . § ATCP 75.075(2)(a)(8).

Note: Please check with your local municipality regarding zoning or other land use restrictions.