



Caledonia/Mt. Pleasant Health Department
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 Franksville, WI 53126
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PLEASE TYPE OR PRINT
 Submit check payable to
Caledonia/Mt. Pleasant Health Department with application
 to address at left



RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION s. 97.30, Wis. Stats

LEGAL ENTITY – Check one box below:

<input type="checkbox"/> *Individual	<input type="checkbox"/> **Partnership	<input type="checkbox"/> Limited Partnership (LP)	<input type="checkbox"/> Limited Liability Partnership (LLP)
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____

*Requires completion of separate social security number form **Requires evidence of a formal legal agreement

Complete section below:

LEGAL NAME OF INDIVIDUAL, PARTNERSHIP, LLC, OR OTHER (See other entity types above)	TRADE NAME (d/b/a or "doing business as")
MAILING ADDRESS	BUSINESS LOCATION (if different from mailing address)
CITY STATE ZIP CODE	CITY STATE ZIP CODE
NAME OF CONTACT TITLE	COUNTY TOWN
CONTACT PHONE NUMBER E-MAIL (if available)	BUSINESS PHONE NUMBER E-MAIL (if available)
INDICATE STATE WHERE BUSINESS WAS FORMED:	

BUSINESS DESCRIPTION – Check box A or B:

A. DOES NOT ENGAGE IN FOOD PROCESSING. Sells only prepackaged, potentially hazardous foods (foods that require cooling or freezing).

B. PROCESSING FOOD AT RETAIL – Complete questions 1 - 3.

1. Do you intend to process potentially hazardous foods? YES NO

2. Annual dollar volume \$ _____ - Enter total gross retail food sales at this location during the last 12 months (if not operating that long, estimate sales for 12 months).

3. Check all PROCESSING OPERATIONS (listed below) that this establishment will be conducting during the coming license year:

<input type="checkbox"/> Bakery	<input type="checkbox"/> Cooking	<input type="checkbox"/> Ice Making	<input type="checkbox"/> Packing/Packaging	<input type="checkbox"/> Seafood Dept.
<input type="checkbox"/> Hot/Cold Beverages	<input type="checkbox"/> Delicatessen	<input type="checkbox"/> Limited Processor	<input type="checkbox"/> Popping Corn	<input type="checkbox"/> Shell Egg
<input type="checkbox"/> Bottling	<input type="checkbox"/> Freezing	<input type="checkbox"/> Meat Cutting	<input type="checkbox"/> Produce Processing	<input type="checkbox"/> Smoking/Curing
<input type="checkbox"/> Catering	<input type="checkbox"/> Grinding	<input type="checkbox"/> Meat Distributor	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Vacuum Packaging
<input type="checkbox"/> Confectionary	<input type="checkbox"/> Ice Cream/Soft Serve	<input type="checkbox"/> Mixing	<input type="checkbox"/> Salvage	<input type="checkbox"/> Wild Game

FEE AMOUNT – Obtain fees (from Fee List below) and enter information:

TYPE OF ESTABLISHMENT – Check one box below:

License fee \$ _____	Explain _____	Check number _____	<input type="checkbox"/> FIXED PERMANENT
Pre-Inspection Fee \$ _____			<input type="checkbox"/> MOBILE Enter unique mobile identification number:
Total amount paid \$ _____			

Caledonia/Mt. Pleasant Health Department Retail Food Establishment Fee List

Retail Food Establishment Type	Annual Fee	Pre-Inspection
Food sales of at least \$1 million or more and processes potentially hazardous food - Large Potentially Hazardous	\$820.00	\$600.00
Food sales at least \$25,000, but less than \$1 million and processes potentially hazardous food - Small Potentially Hazardous	\$420.00	\$400.00
Food sales at least \$25,000 or more, and DOES NOT process potentially hazardous food - Large Non-Potentially Hazardous	\$290.00	\$200.00
Food sales less than \$25,000 and process potentially hazardous food - Very Small Potentially Hazardous	\$150.00	\$150.00
For sales less than \$25,000 and DOES NOT process potentially hazardous food - Very Small Non-Potentially Hazardous	\$150.00	\$150.00
Not Engaged in Food Processing	\$100.00	\$100.00

Potentially hazardous foods are products such as, but not limited to: meats, seafood, cut melons, and cooked vegetables.

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 which it was collected (s. 15.04(1)(m), Wis. Stats.). 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. 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. The undersigned hereby certifies that this is a true, complete and accurate application for the Retail Food Establishment license under s. 97.30, Wis. Stats.

SIGNATURE OF AUTHORIZED REPRESENTATIVE	PRINT NAME	DATE
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