

CHECK REC. _____ CHECK # _____
 \$ _____ ACCT. # 320-00-43575
 EFFECTIVE DATE: _____
 FOR OFFICE USE ONLY

ESTAB # _____
 (CHECK ONE)
 DHS N/A
 CATEGORY ANNUAL
TEMPORARY EVENT
 FOR OFFICE USE ONLY 2016/2017

**ENVIRONMENTAL HEALTH CONSORTIUM
 CUDAHY, SOUTH MILWAUKEE & ST. FRANCIS
 2424 15TH AVENUE
 SOUTH MILWAUKEE, WI 53172
 (414) 768-8055
 FAX: (414) 768-5720**

ENVIRONMENTAL HEALTH CONSORTIUM ANNUAL TEMPORARY EVENT APPLICATION
 (CUDAHY, SAINT FRANCIS AND SOUTH MILWAUKEE HEALTH DEPARTMENTS)
CHECKS OR MONEY ORDERS CAN BE MADE OUT TO:
CITY OF SOUTH MILWAUKEE

ESTABLISHMENT NAME: _____

EVENT ADDRESS #1: _____ DATE: _____

EVENT ADDRESS #2: _____ DATE: _____

BILLING ADDRESS: _____ CITY: _____

ESTABLISHMENT TELEPHONE: () _____ ALTERNATE TELEPHONE: () _____

LEGAL LICENSEE: _____ CORPORATION INDIVIDUAL LLC PARTNERSHIP
LEGAL LICENSEE CAN BE INDIVIDUAL, PARTNERSHIP, LLC OR CORPORATION. IF LICENSED AS CORPORATION, IT MUST BE REGISTERED WITH THE STATE OF WISCONSIN DEPARTMENT OF FINANCIAL INSTITUTIONS.

AGENT FOR THE CORPORATION (IF APPLICABLE): _____

ADDRESS: _____ CITY: _____

EMAIL: _____ **CERTIFIED FOOD MANAGER YES NO**

PLEASE CHECK THE APPROPRIATE CATEGORIES

ANNUAL/TEMPORARY RESTAURANT FEE IS:.....\$170
ANNUAL TEMPORARY FOOD STORE FEE IS:.....\$ 70

TEMPORARY EVENT CATEGORIES

<input type="checkbox"/> Caramel Apples	<input type="checkbox"/> Churros	<input type="checkbox"/> Corn Dogs	<input type="checkbox"/> Cotton Candy
<input type="checkbox"/> Slushies	<input type="checkbox"/> Deep Fried Foods	<input type="checkbox"/> French Fries	<input type="checkbox"/> Ice Cream
<input type="checkbox"/> Lemonade	<input type="checkbox"/> Smoothies	<input type="checkbox"/> Nachos & Cheese	<input type="checkbox"/> Popcorn
<input type="checkbox"/> Pretzels	<input type="checkbox"/> Tacos/Tamales	<input type="checkbox"/> Soda	<input type="checkbox"/> Chicken
<input type="checkbox"/> Snow Cones	<input type="checkbox"/> Pizza	<input type="checkbox"/> Chips	<input type="checkbox"/> Spring/Egg Rolls
<input type="checkbox"/> Hot Dogs, Brats, Hamburgers	<input type="checkbox"/> Baked Goods	<input type="checkbox"/> Sandwiches	<input type="checkbox"/> Fruits/Vegetables
<input type="checkbox"/> Other (specify) _____			

 SIGNATURE OF LICENSEE OR AGENT

 TODAY'S DATE