

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

ESTAB # _____
 DHS # _____
 15-MONTH _____
 LICENSE CATEGORY _____

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

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

BILLING ADDRESS (IF DIFFERENT THAN ABOVE): _____
(STREET) (CITY) (STATE) (ZIP)

ESTABLISHMENT TELEPHONE: _____ ALTERNATE TELEPHONE: _____

ESTABLISHMENT FAX: _____ EMAIL: _____

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

AGENT FOR THE CORPORATION (IF APPLICABLE): _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE: _____ **Certified Food Manager** Yes No

PLEASE CHECK THE APPROPRIATE CATEGORY. RESTAURANT FEE IS BASED ON 12 MONTHS OF FOOD SALES.

Limited Food Service Restaurant.....your food license fee is: \$188

FULL SERVICE RESTAURANT

Simple Restaurant.....your food license fee is: \$371

Moderate Restaurant.....your food license fee is: \$531

Complex Restaurant.....your food license fee is: \$644

Additional Food Prep Area.....your additional fee is: \$100

Special Event Group.....your food license fee is: \$107

NEW LICENSES ONLY.....RESTAURANT PREINSPECTION FEES

Limited Food Service Restaurant.....your pre-inspection fee is: \$161

FULL SERVICE RESTAURANT

Simple Restaurant.....your pre-inspection fee is: \$202

Moderate Restaurant.....your pre-inspection fee is: \$337

Complex Restaurant.....your pre-inspection fee is: \$470

Additional Food Prep Area.....your pre-inspection fee is: \$ 45

Plan Review Fee- Correlates to fee categories above \$77, \$112, \$182, \$240, \$80

Signature of Licensee or Agent

Today's Date