

| | | | |
|---------------------|-------------------|----------------|----------------------|
| Estab# | License Category: | Fee Processed: | Check#: |
| DATCP# | Effective Date: | Amount: \$ | Acct.#: 320-00-43575 |
| FOR OFFICE USE ONLY | | | |

ENVIRONMENTAL HEALTH CONSORTIUM

CUDAHY, SOUTH MILWAUKEE & ST FRANCIS

SOUTH MILWAUKEE HEALTH DEPARTMENT

2424 15TH AVENUE

SOUTH MILWAUKEE, WI 53172

(414) 768-8055

FAX: (414) 768-5720



MICRO MARKET PERMIT APPLICATION

Please print or type. Submit completed application (signed and dated) and applicable fees to the address above.

| | | | | |
|--|--|--|---|---|
| Application is for: | | <input type="checkbox"/> New Establishment | <input type="checkbox"/> Change of Operator | <input type="checkbox"/> Remodel/Modification |
| Establishment Name/DBA: | | | Establishment Telephone: | |
| Establishment Address: | | | | |
| Billing Street Address, City, State & Zip Code (if different than above): | | | | |
| Primary Contact (Operator/Manager): | | | Primary Contact Telephone: | |
| Primary Contact Email: | | | Fax: | |
| Legal Entity (check one): <input type="checkbox"/> Sole Proprietor (Individual) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/LLC* <input type="checkbox"/> Nonprofit Organization | | | | |
| <small>*If licensed as a corporation, it must be registered with the State of Wisconsin Department of Financial Institutions.</small> | | | | |
| Legal Licensee: | | | Legal Licensee Telephone: | |
| Licensee Street Address, City, State & Zip Code: | | | | |
| Name of Corporate Contact/Agent (if applicable): | | | | |
| Corporate Contact/Agent Email: | | | Fax: | |
| WI Seller's Permit Number: | | Name as it appears on Seller's Permit: | | |

PLEASE CHECK THE APPROPRIATE CATEGORY

| ESTABLISHMENT TYPE: | FEES | |
|--|---------------|---|
| Micro Market | ANNUAL PERMIT | PRE-INSPECTION (New Establishment, C/O, Remodel) |
| <input type="checkbox"/> Micro Market (1 only) | \$44 | \$40 |
| <input type="checkbox"/> Micro Market (2 or more) | \$66 | \$60 |
| CHECKS OR MONEY ORDERS MADE OUT TO: CITY OF SOUTH MILWAUKEE | | Total: \$ |

Signature of Licensee

Today's Date