RESTAURANT PERMIT APPLICATION

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

<table>
<thead>
<tr>
<th>Application is for:</th>
<th>☐ New Establishment</th>
<th>☐ Change of Operator</th>
<th>☐ Remodel/Modification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishment Name/DBA:</td>
<td></td>
<td>Establishment Telephone:</td>
<td></td>
</tr>
<tr>
<td>Establishment Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Billing Street Address, City, State &amp; Zip Code (if different than above):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Contact (Operator/Manager):</td>
<td>Primary Contact Telephone:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Contact Email:</td>
<td>Fax:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Entity (check one): ☐ Sole Proprietor (Individual) ☐ Partnership ☐ Corporation/LLC* ☐ Nonprofit Organization</td>
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</tbody>
</table>

*If licensed as a corporation, it must be registered with the State of Wisconsin Department of Financial Institutions.

| 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: |
| Certified Food Manager: ☐ No ☐ Yes | If yes, Name of CFM: |

PLEASE CHECK THE APPROPRIATE CATEGORY

<table>
<thead>
<tr>
<th>ESTABLISHMENT TYPE:</th>
<th>FEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESTAURANTS</td>
<td>ANNUAL PERMIT</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Limited Food Service</td>
<td>$197</td>
</tr>
<tr>
<td>☐ Full Service - Simple</td>
<td>$390</td>
</tr>
<tr>
<td>☐ Full Service - Moderate</td>
<td>$558</td>
</tr>
<tr>
<td>☐ Full Service - Complex</td>
<td>$676</td>
</tr>
<tr>
<td>☐ Additional Food Prep Area</td>
<td>$105</td>
</tr>
<tr>
<td>☐ Special Event Group</td>
<td>$112</td>
</tr>
</tbody>
</table>

CHECKS OR MONEY ORDERS MADE OUT TO: CITY OF SOUTH MILWAUKEE

Total: $
### FOOD PROCESSING

Will any food processing be done?  
- [ ] No  
- [ ] Yes

*Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.*

If “Yes”, check the types of food items

- [ ] Snacks & Beverages  
  *Includes, but is not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, popcorn, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese*

- [ ] Meals  
  *Includes, but is not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked chees curds, corn dogs, egg rolls, salads*

Will any hazardous foods be sold?  
- [ ] No  
- [ ] Yes

*Hazardous foods require temperature control (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)*

If “Yes”, list the types of food items:

### DETAILS OF OPERATION

Are you applying for an alcohol beverage license?  
- [ ] No  
- [ ] Yes

Will you have seating on site for dining?  
- [ ] No  
- [ ] Yes  
Max seating capacity? ________________

Will you be doing any catering?  
- [ ] No  
- [ ] Yes

Will you be doing any delivery?  
- [ ] No  
- [ ] Yes

Will you have outdoor activities?  
- [ ] No  
- [ ] Yes

  If “Yes”, check all that apply:  
  - [ ] Bar  
  - [ ] Cooking/Grilling  
  - [ ] Dining

Will you have a drive thru window?  
- [ ] No  
- [ ] Yes

### CONSTRUCTION OR CHANGES

Are you planning any construction, remodeling or equipment changes?  
- [ ] No  
- [ ] Yes

If “Yes”, check all that apply:  
- [ ] New Construction  
- [ ] Construction changes to existing building  
- [ ] Renovation or remodeling  
- [ ] Equipment changes only

Provide a brief description of the changes:

Name, Address & Phone Number for Architect:

Name, Address & Phone Number for Contractor: