

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



## RESTAURANT 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:		
Certified Food Manager: <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, Name of CFM:		

### PLEASE CHECK THE APPROPRIATE CATEGORY

ESTABLISHMENT TYPE:	FEES		
RESTAURANTS	ANNUAL PERMIT	PRE-INSPECTION (New Establishment, C/O, Remodel)	PLAN REVIEW (New Establishments/Remodel)
<input type="checkbox"/> Limited Food Service	\$197	\$169	\$81
<input type="checkbox"/> Full Service - Simple	\$390	\$212	\$118
<input type="checkbox"/> Full Service - Moderate	\$558	\$354	\$191
<input type="checkbox"/> Full Service - Complex	\$676	\$494	\$252
<input type="checkbox"/> Additional Food Prep Area	\$105	\$47	\$84
<input type="checkbox"/> Special Event Group	\$112		
<b>CHECKS OR MONEY ORDERS MADE OUT TO: CITY OF SOUTH MILWAUKEE</b>			<b>Total: \$</b>

Signature of Licensee

Today's Date

## 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: