RETAIL FOOD STORE PERMIT APPLICATION

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

Application is for:  
- [ ] New Establishment  
- [ ] Change of Operator  
- [ ] Remodel/Modification

Establishment Name/DBA:  
Establishment Telephone:

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):  
- [ ] Sole Proprietor (Individual)  
- [ ] Partnership  
- [ ] Corporation/LLC*  
- [ ] Nonprofit Organization

*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>RETAIL FOOD STORE</td>
<td>ANNUAL PERMIT</td>
</tr>
<tr>
<td>Food sales of at least $1,000,000 and processes potentially hazardous food (111/11)</td>
<td>$1064</td>
</tr>
<tr>
<td>Food sales of at least $1,000,000 and processes non-potentially hazardous food (222/33)</td>
<td>$1064</td>
</tr>
<tr>
<td>Food sales of at least $1,000,000 and does not engage in food processing (333/55)</td>
<td>$814</td>
</tr>
<tr>
<td>Food sales of at least $25,000, but less than $1,000,000 and processes potentially hazardous food (444/22)</td>
<td>$506</td>
</tr>
<tr>
<td>Food sales of at least $25,000, but less than $1,000,000 and processes non-potentially hazardous food (555/33)</td>
<td>$355</td>
</tr>
<tr>
<td>Food sales of less than $25,000 and processes potentially hazardous food (666/44)</td>
<td>$200</td>
</tr>
<tr>
<td>Food sales of less than $25,000 and processes non-potentially hazardous food (777/44)</td>
<td>$200</td>
</tr>
<tr>
<td>Food sales of less than $1,000,000 and does not engage in food processing (888/55)</td>
<td>$112</td>
</tr>
</tbody>
</table>

Total: $

Signature of Licensee or Agent  
Today's Date

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

EHC Applications/License Application Retail  
Page 1 of 2  
4/2018
**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

<table>
<thead>
<tr>
<th>Snacks &amp; Beverages</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐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</td>
</tr>
</tbody>
</table>

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: