

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

# ENVIRONMENTAL HEALTH CONSORTIUM

SOUTH MILWAUKEE HEALTH DEPARTMENT

CUDAHY, SOUTH MILWAUKEE, ST. FRANCIS

2424 15TH AVENUE

SOUTH MILWAUKEE, WI 53172

(414) 768-8055

FAX: (414) 768-5720



## 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:		<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		
	ANNUAL PERMIT	PRE-INSPECTION	PLAN REVIEW
<input type="checkbox"/> RETAIL FOOD STORE			
<input type="checkbox"/> Food sales of at least \$1,000,000 and processes potentially hazardous food (111/11)	\$1064	\$469	\$305
<input type="checkbox"/> Food sales of at least \$1,000,000 and processes non-potentially hazardous food (222/33)	\$1064	\$469	\$305
<input type="checkbox"/> Food sales of at least \$1,000,000 and does not engage in food processing (333/55)	\$814	\$469	\$305
<input type="checkbox"/> Food sales of at least \$25,000, but less than \$1,000,000 and processes potentially hazardous food (444/22)	\$506	\$337	\$118
<input type="checkbox"/> Food sales of at least \$25,000, but less than \$1,000,000 and processes non-potentially hazardous food (555/33)	\$355	\$214	\$107
<input type="checkbox"/> Food sales of less than \$25,000 and processes potentially hazardous food (666/44)	\$200	\$141	\$93
<input type="checkbox"/> Food sales of less than \$25,000 and processes non-potentially hazardous food (777/44)	\$200	\$141	\$93
<input type="checkbox"/> Food sales of less than \$1,000,000 and does not engage in food processing (888/55)	\$112	\$135	\$85

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

Total: \$

Signature of Licensee or Agent

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: