



# Florence County Health Department



F-1d-35.docx (New 01/21)  
**Public Health**  
Prevent. Promote. Protect.  
Florence County  
Health Department

501 Lake Ave PO Box 410 Florence, Wisconsin 54121 715-528-4837  
A.Seibold, RN, MS Health Officer/Director

## LICENSE APPLICATION – RETAIL FOOD ESTABLISHMENT– SERVING MEALS, MOBILE

Wis. Stat. § 97.30

<b>ESTABLISHMENT/DBA INFORMATION:</b>			
ESTABLISHMENT NAME:		COUNTY:	
SERVICE BASE STREET ADDRESS:		CITY:	STATE: ZIP:
EMAIL ADDRESS:		ESTABLISHMENT PHONE: (     )     -	
Choose One: <input type="checkbox"/> Plan Review Required – New Construction or Remodel; <input type="checkbox"/> No Plan Review – Existing Facility			
<b>LEGAL ENTITY INFORMATION – CHECK ONE</b>			
<input type="checkbox"/> Individual	<input type="checkbox"/> Married Couple	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Corporation
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership (LP)	In what state is your entity registered?
LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.):		COUNTY:	
LEGAL ENTITY MAILING ADDRESS:		CITY:	STATE: ZIP:
EMAIL ADDRESS:		LEGAL ENTITY PHONE: (     )     -	
<b>CONTACT INFORMATION</b>			
CONTACT PERSON:	TITLE:	PHONE: (     )     -	EMAIL ADDRESS:
<b>LICENSE AND INSPECTION FEES – You must select one from each column below based on the license complexity category worksheet</b>			
<b>Mobile Retail Unit Fees</b> <input type="checkbox"/> Prepackaged (License \$120 + Pre-License Inspection \$130) = \$250 <input type="checkbox"/> Simple (License \$260 + Pre-License Inspection \$320) = \$580 <input type="checkbox"/> Moderate (License \$370 + Pre-License Inspection \$470) = \$840 <input type="checkbox"/> Complex (License \$605 + Pre-License Inspection \$770) = \$1,375		<b>Service Base Fees</b> <input type="checkbox"/> No Food Preparation/Processing or Prepackaged Food Only = \$50 <input type="checkbox"/> Prepackaged (License \$120 + Pre-License Inspection \$130) = \$250 <input type="checkbox"/> Simple (License \$260 + Pre-License Inspection \$320) = \$580 <input type="checkbox"/> Moderate (License \$370 + Pre-License Inspection \$470) = \$840 <input type="checkbox"/> Complex (License \$605 + Pre-License Inspection \$770) = \$1,375	
<b>FEE AMOUNTS – All fees must be paid in full prior to inspection and licensing</b>			
LICENSE FEE CALCULATION: Mobile Unit Fee     + Base Fee     = Total Amount Due		TOTAL AMOUNT PAID:	CHECK #:
<b>PLEASE READ CAREFULLY BEFORE SIGNING</b>			
<p>Information requested on this application must be provided to obtain a retail food establishment license. Personal information you provide may be used for purposes other than that for which it was originally collected (Wis. Stat. § 15.04(1) (m).) Operating without a license is a violation of Wisconsin Law. If you have been operating without a license, you will be required to pay an operating without a license fee in addition to the license fee. Licenses are not transferable between persons or locations. Licenses expire annually on June 30th; unless issued after April 1st, which will expire on June 30<sup>th</sup> of the following year. The license fee is not prorated for partial license year. The Department may inspect premises at any reasonable time. Missing information may delay the issuance of your license. You are not licensed to operate until the department conducts an inspection. The undersigned hereby certifies that this is a true, complete and accurate application for the Retail Food Establishment license under Wis. Stat. § 97.30.</p> <p>Within <b>30 days</b> after receiving a complete application for a license, the department or its agent shall either approve the application and issue a license or deny the application. If the application for a license is denied, the department or its agent shall give the applicant reasons, in writing, for the denial. A license shall not be issued to an operator without prior inspection.</p>			
SIGNATURE – APPLICANT:			DATE SIGNED:

Please mail application and payment to: Florence Co Health Dept. PO Box 410 Florence, WI 54121