

Bayfield County Health Department Retail Food Service Permit Application

Application is for: New Establishment Change in Ownership Other, please specify _____

ESTABLISHMENT AND LICENSEE INFORMATION:

PLEASE PRINT OR TYPE

Establishment Name: _____

Establishment Address: _____
Street Address City Zip Code

Establishment Phone: () _____ e-mail: _____

Legal Licensee (such as LLC, LLP, Inc.): _____

Agent for the Corporation (if applicable): _____

Licensee Address: _____
Street Address City Zip Code

Licensee Phone: () _____

Name of Former Operator: _____

Name of Former Business: _____ ID#: _____

Intended Date of Opening for Business: _____

Please check the appropriate box when your business is in operation:

Year Round Summer Winter

RETAIL FOOD SERVICES PROVIDED:

PLEASE CHECK APPROPRIATE CATEGORY

A. THIS ESTABLISHMENT DOES NOT ENGAGE IN FOOD PROCESSING; sells only pre-packaged, potentially hazardous foods (foods that require cooling or freezing).

B. PROCESSING FOOD AT RETAIL – Complete items 1 thru 3.

1. Do you intend to process potentially hazardous foods? YES NO

2. Annual dollar volume \$ _____. Enter total gross retail food sales at this location during the last 12 months. (If not operating that long, estimate expected sales for a 12-month period.)

3. Check ALL PROCESSING OPERATIONS listed below that this establishment will be conducting during the coming license year:

- | | | |
|--|---|---|
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Meat Cutting | <input type="checkbox"/> Hot/Cold Beverages |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Meat Distributor | <input type="checkbox"/> Ice Cream/Soft Serve |
| <input type="checkbox"/> Confectionary | <input type="checkbox"/> Produce Processing | <input type="checkbox"/> Ice Making |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Seafood Dept | <input type="checkbox"/> Freezing |
| <input type="checkbox"/> Delicatessen | <input type="checkbox"/> Shell Egg | <input type="checkbox"/> Mixing |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Wild Game | <input type="checkbox"/> Grinding |
| <input type="checkbox"/> Salvage | <input type="checkbox"/> Smoking/Curing | <input type="checkbox"/> Popping Corn |
| <input type="checkbox"/> Limited Processor | <input type="checkbox"/> Vacuum Packing | <input type="checkbox"/> Bottling |
| | <input type="checkbox"/> Packing/Packaging | |

Retail Food Service Fee Categories:

(To be determined by Inspector at time of inspection)

| | <u>License Fee</u> | <u>Pre-Inspection</u> | <u>Total Fee</u> |
|---|--------------------|-----------------------|------------------|
| <input type="checkbox"/> Potentially Hazardous - Large | \$619.00 | \$350.00 | \$969.00 |
| <input type="checkbox"/> Potentially Hazardous - Small | \$240.00 | \$250.00 | \$490.00 |
| <input type="checkbox"/> Potentially Hazardous - Very Small | \$55.00 | \$125.00 | \$180.00 |
| <input type="checkbox"/> Non-Potentially Hazardous - Large | \$172.00 | \$150.00 | \$322.00 |
| <input type="checkbox"/> Non-Potentially Hazardous - Small | \$55.00 | \$125.00 | \$180.00 |
| <input type="checkbox"/> Not Engaged in Food Processing | \$41.00 | \$125.00 | \$166.00 |

State of Wisconsin Restaurant Manager Certification(s):

| <u>Name(s)</u> | <u>ID number</u> | <u>Expiration Date</u> |
|----------------|------------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

TOTAL AMOUNT ENCLOSED: \$ _____

Make Checks or Money Orders Payable to: Bayfield County Health Department

Send it along with this application to: Bayfield County Health Department, PO Box 403, Washburn, WI 54891

YOUR SIGNATURE BELOW WILL ACKNOWLEDGE THAT YOU HAVE RECEIVED A COPY OF THE CODE OR INFORMATION AS TO WHERE TO OBTAIN A COPY AND WILL COMPLY WITH ALL APPLICABLE WISCONSIN ADMINISTRATIVE CODE(S).

Signature of Licensee or Agent

Today's Date

Chapter 254.47(5) and 254.64(1)(c), Stats. "No permit may be issued until all applicable fees have been paid."

Chapter 254.47(1), Stats. "No person...who has not been issued a permit under this section may conduct, maintain, manage or operate a campground and camping resort, recreational camp and educational camp or public swimming pool, as defined by department rule."

Chapter 254.64(1)(a), Stats. "No person may conduct, maintain, manage or operate a hotel, restaurant, temporary restaurant, tourist rooming house, vending machine commissary or vending machine if the person has not been issued an annual permit by the department or by a local health department that is granted agent status under s. 254.69 (2)."

Chapter 254.47(4) and 254.64(5), Stats. Permits released April 1 and after expire June 30 of the following year (except Body Art establishments).

Within **30 days** after receiving a complete application for a permit, the department or its agent shall either approve the application and issue a permit or deny the application. If the application for a permit is denied, the department or its agent shall give the applicant reasons, in writing, for the denial.

A permit shall not be issued to an operator without prior inspection.

