

License Application – Transient Retail Food Establishment

ESTABLISHMENT/DBA INFORMATION:												
ESTABLISHMENT/DBA NAME: C								OUNTY:				
EVENTS/DATES:												
TIME YOU WILL BE SET UP AT THE EVENT:												
LIST OF MENU ITEMS:												
LEGAL ENTITY INFORMATION - CHECK ONE												
Individual	Married C	ouple	Limited Liability Company (LLC)		Limited Liability Partners			hip ((LLP) Corporation		rporation	
Cooperative	🗌 Partnershi	LP)	In wi	n 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:								LEGA	AL ENTITY	PHONE N	UMBER:	
CONTACT PERSON:			PHONE NUMB	ER:		EMAIL ADDRESS:						
Out of State Operators – If known, list first Wisconsin city/county of operation:												
LICENSE FEES												
Transient Retail TCS (Final product does require temperature control)								LICENSE FEE: \$155.00				
Transient Retail Non-TCS (Final product does not require temperature control)								LICENSE FEE: \$100.00				
Transient Retail Prepackaged TCS (Final product does require temperature control) LICENSE FEE: \$100.00											00	
Total Amount Enclosed: \$ Check Number:												

Please read carefully before signing

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 30; unless issued after April 1, which will expire on June 30th of the following year. The license fee is not prorated for partial license years. 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.

SIGNATURE - APPLICANT:

DATE SIGNED:

Please mail application and payment to: Waukesha County Environmental Health 515 W Moreland Blvd., Room AC 260, Waukesha, WI 53188