St. Croix County Public Health Department
1445 N 4th St
New Richmond, WI 54017
Telephone (715) 246-8370
Fax (715) 246-8367

PLEASE TYPE OR PRINT
Submit check payable to St. Croix County Public Health Department with application to address at left.
F-fd-88 (Rev 5/0009)

OFFICE USE ONLY
LIC. NO.
DATE ISSUED`
EXPIRES
SURCHARGE
FEE PAID

RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION s. 97.30, Wis. Stats.

LEGAL ENTITY – Check one box below:

☐ *Individual ☐ **Partnership ☐ Limited Partnership (LP) ☐ Limited Liability Partnership (LLP)
☐ Cooperative ☐ Limited Liability Company (LLC) ☐ Corporation ☐ Other _____
*Requires completion of separate social security number form **Requires evidence of a formal legal agreement

Complete section below:

LEGAL NAME OF INDIVIDUAL, PARTNERSHIP, LLC, OR OTHER (See other entity types above)	TRADE NAME (d/b/a or "doing business as")
MAILING ADDRESS	BUSINESS LOCATION (if different from mailing address)
CITY STATE ZIP CODE	CITY STATE ZIP CODE
NAME OF CONTACT TITLE	COUNTY TOWN
CONTACT PHONE NUMBER E-MAIL (if available)	BUSINESS PHONE NUMBER E-MAIL (if available)
INDICATE STATE WHERE BUSINESS WAS FORMED:	

REASON FOR APPLICATION – Check one box below:

☐ Original First date of Operation:	☐ Amend License # _____ Reason and Date of Occurrence:	☐ Renewal License #:

BUSINESS DESCRIPTION – Check box A or B:

☐ A. DOES NOT ENGAGE IN FOOD PROCESSING. Sells only prepackaged, potentially hazardous foods (foods that require cooling or freezing).
☐ B. PROCESSING FOOD AT RETAIL – Complete questions 1 - 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 sales for 12 months).
3. Check all PROCESSING OPERATIONS (listed below) that this establishment will be conducting during the coming license year:

☐ Bakery	☐ Cooking	☐ Ice Making	☐ Packing/Packaging	☐ Seafood Dept.
☐ Hot/Cold Beverages	☐ Delicatessen	☐ Limited Processor	☐ Popping Corn	☐ Shell Egg
☐ Bottling	☐ Freezing	☐ Meat Cutting	☐ Produce Processing	☐ Smoking/Curing
☐ Catering	☐ Grinding	☐ Meat Distributor	☐ Restaurant	☐ Vacuum Packaging
☐ Confectionary	☐ Ice Cream/Soft Serve	☐ Mixing	☐ Salvage	☐ Wild Game

FEE AMOUNT – Obtain fees (from Fee Schedule form) and enter information below:

License fee $_____
Additional fee(s) $_____ Explain _____
Total amount paid $_____ Check number _____

TYPE OF ESTABLISHMENT – Check one box below:

☐ FIXED PERMANENT
☐ MOBILE Enter unique mobile identification 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 which it was collected (s. 15.04(1)(m), Wis. Stats.). Operating without a license is a violation of Wisconsin Law. If you have been operating without a license, you will be required to pay a surcharge in addition to the license fee. Licenses are not transferable between persons or locations. Licenses expire annually on June 30. 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. The undersigned hereby certifies that this is a true, complete and accurate application for the Retail Food Establishment license under s. 97.30, Wis. Stats.

SIGNATURE OF AUTHORIZED REPRESENTATIVE	TITLE	DATE

SHADED AREA FOR DEPARTMENT USE ONLY

TEMPORARY LICENSE: This temporary license is issued for your convenience pending department action on this license application. The department will grant or deny your application within 40 business days after this temporary license is issued. If your application is denied, this temporary license automatically expires when you receive notice of the denial. A request for a hearing on a license denial does not postpone the expiration of a temporary license. This temporary license in not transferable between persons or establishments.

TEMPORARY LICENSE ISSUED BY:	TEMPORARY NO.

Inspector License Recommendation (check One): **Approve** ☐ Full Status or ☐ Conditional ☐ Deny (no refund)
☐ Cancel application - State Reason Surcharge: ☐ Yes ☐ No

Field Supervisor License Recommendation (check One): **Approve** ☐ Full Status or ☐ Conditional ☐ Deny (no refund)
☐ Cancel application - State Reason Surcharge: ☐ Yes ☐ No

INSPECTOR SIGNATURE & NO	DATE	FIELD SUPERVISOR SIGNATURE	DATE