



**SCC-PUBLIC HEALTH LICENSING
AND INSPECTIONS**
 1752 Dorset Lane New Richmond, WI
 715.246.8361 fax 715.246.8367
 www.sccwi.us/licenseandinspeciton

For Office Use Only:	
ID Number	_____
Check Number	_____
Date	_____
Initials	_____

TEMPORARY FOOD SERVICE PERMIT APPLICATION

Before completing this application, read Temporary Restaurant Guidelines. Have you read this material? yes no
1.

Establishment Name	_____

Operator/Contact Name	_____
Contact Mailing Address	_____
	STREET _____
Contact Telephone	CITY _____ STATE _____ ZIP _____
	() _____
Email Address	_____

2.

Specify Event(s) you plan on attending in St. Croix County –Include locations and dates of events (If additional space is needed attach a separate sheet listing the events, locations & dates)	Name of Event: _____	Name of Event: _____
	Location: _____	Location: _____
	Date(s): _____	Date(s): _____

3. List menu items - such as, ground beef, hot dogs, brats, chicken, produce, cheese, buns, etc. Attach a sheet if more space is needed. Any changes must be submitted and approved by this department at least 5 days prior to the event.

Food Item & Manufacturer	Name of Establishment Where Purchased	Address & Telephone Number

4. All food must be prepared in the temporary food stand or a licensed facility. If prepared in licensed facility provide the establishment name and address:

Note: 1. Foods can't be made in home kitchens they must be from a licenses kitchen.
3. Information must be complete before a permit will be issued.

CONTINUED ON BACK

5. List each potentially hazardous food item, and indicate which preparation procedure will occur in the space below (attach a sheet on back if additional space is needed). Potentially hazardous food means any food that consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustacean or other ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic micro-organisms. Potentially hazardous food does not include foods which have a pH level of 4.6 or below or a water activity value of 0.85 or less {Ch. HSS 196.03 (19)}.

Food Item

Preparation Procedure (Check all that apply)

	Cook	Fry	Grill	Bake	Re-Heat	Cool	Hot Hold	Cold Hold	Mix	Cut	Slice	Assemble	Bread	Other

6. Please describe: (Water must be from an approved source - a municipal well or private well that has been tested within the past year – private well water test results must be submitted with application.)

Source and storage of water	
Storage and disposal of wastewater	
Storage and disposal of garbage	

7. Draw a sketch of the proposed temporary food booth and attach it to the application (or attach a photo of the stand set up for operations). Draw in the location & identify all equipment including handwashing, dishwashing, ranges, grills, hot food holding, refrigerators, worktables, food/single service storage, etc.

A. Describe the construction and materials used for floor, wall and ceiling surfaces.

B. Describe how food preparation and utensil washing areas will be effectively screened to prevent contamination from flies and other insects.

8. Fees: Make checks payable to: Saint Croix County Public Health

	\$106.22 for Annual License
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YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE RECEIVED AND READ A COPY OF **TEMPORARY RESTAURANT GUIDELINES**. YOUR SIGNATURE ALSO CERTIFIES THAT YOU ARE FAMILIAR WITH THE **WISCONSIN FOOD CODE** GOVERNING SANITATION IN RESTAURANTS, AND THAT THE ABOVE-DESCRIBED ESTABLISHMENT WILL BE OPERATED AND MAINTAINED IN ACCORDANCE WITH APPLICABLE REGULATIONS.

SIGNATURE OF OPERATOR OR CONTACT PERSON

TITLE

TODAY'S DATE

OFFICE USE:

Permit Reviewed by: _____

Permit mailed/emailed on: _____