



**South Central Environmental Health Consortium**  
 505 Broadway  
 Baraboo WI 53913  
 (608) 355-4327  
 (608) 355-4329 Fax

**PLEASE TYPE OR PRINT**

Submit check payable to SCECH  
 with application to address  
 displayed on the left.

OFFICE USE ONLY	
Date Rec:	
Check #	
Amount:	

**INITIAL**

**RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION**

**S. 97.30, Wis. Stats.**

LEGAL NAME OF INDIVIDUAL, PARTNERSHIP, LLC. OR OTHER			TRADE NAME (d/ba 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		
CONTACT PHONE NUMBER			BUSINESS PHONE NUMBER	EMAIL (If available)	

**LEGAL ENTITY – Check box A or B:**

\*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.

**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.

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

**See FEE SCHEDULE enclosed**

**Type of Establishment – Check one box below.**

License Fee	\$ _____	<input type="checkbox"/> <b>FIXED PERMANENT</b>  <input type="checkbox"/> <b>MOBILE</b> Enter unique mobile identification number: _____
Additional Fee	\$ _____	
Total Amount Paid	\$ _____	

**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 for 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.

<b>SIGNATURE OF AUTHORIZED REPRESENTATIVE</b>	<b>TITLE</b>	<b>DATE</b>
---	--------------	-------------