

## SHEBOYGAN COUNTY LICENSE APPLICATION RETAIL FOOD ESTABLISHMENT - NOT SERVING MEALS



WISCONSIN							Sheboyg Division of	an County Public Health
ESTABLISHMENT / DBA INFORMAT	ΓΙΟΝ:							
ESTABLISHMENT / DBA NAME:							COUNTY:	
ESTABLISHMENT STREET ADDRESS:				CITY:			STATE:	ZIP:
EMAIL ADDRESS:						ESTABLISHMENT P	HONE #:	
INTENDED DATE OF OPENING:								
LEGAL ENTITY INFORMATION - CH	ECK ONE							
☐ Individual	Married Couple				Liability Co (LLC)		Corporation	
Cooperative	Partnership	Limi	ted Partne	ership (LP)	In what sta	ate is your entity reg	istered?	
LEGAL ENTITY: (such as name of sole proprietor,	partnership, LLC, LLP, or Inc	c.)						
LEGAL ENTITY MAILING ADDRESS:		CITY:			STATE:		ZIP:	
EMAIL ADDRESS:					LEGAL EN	TITY PHONE NUMBE	R:	
					\	,		
CONTACT INFORMATION								
CONTACT PERSON:	TITLE:	P (	HONE NUN	MBER:	EMAIL	ADDRESS:		
SEND LICENSE TO:	WATER SOURCE:	V	VASTEWAT	ER:	I			
Establishment	Public			ublic				
Legal Entity	☐ Private		<u></u>	rivate				
Please call our office at 920-459-3207	prior to submitting	your applica	tion to d	letermine a	appropria	te license catego	ory and requ	ired fees.
LICENSE FEES:								
				ANNUAL LICENSE FEE		PRE-INSPECTION FEE		TOTAL
Prepackaged TCS (no exposed food, everything is packaged)				\$160.00 <b>-</b>		0	=	\$160.00
SIMPLE Non - TCS				\$193.00 <del>-</del>		\$250.00	=	\$443.00
☐ SIMPLE TCS				\$325.00		\$250.00	=	\$575.00
☐ MODERATE				\$543.00		\$308.00	=	\$851.00
COMPLEX				\$1,070.00		\$516.00	=	\$1,586.00
TOTAL AMOUNT ENCLOSED:				\$_				
PLEASE READ CAREFULLY BEFOR	E SIGNING:							
Information requested on this application must be pro originally collected (Wis. Stat. § 15.04(1) (m).) Opera addition to the license fee. Licenses are not transfers following year. The license fee is not prorated for part You are not licensed to operate until the department of license under Wis. Stat. § 97.30.	ating without a license is a viola able between persons or location tial license years. The Departm	ation of Wisconsin ons. Licenses exp nent may inspect p	Law. If you ire annually or aremises at a	have been ope on June 30th; u ny reasonable	rating without unless issued a time. Missing	a license, you may be re after April 1st, which will information may delay th	equired to pay a so expire on June 30 he issuance of yo	urcharge in O <sup>th</sup> of the ur license.
SIGNATURE - APPLICANT				DA	TE SIGNE	:n·		

SUBMIT TO: Sheboygan County Health and Human Services, Environmental Health, 1011 N 8th St, Sheboygan WI 53081 Email via: environmental.health@sheboygancounty.com

Make Checks Payable To: Sheboygan County Treasurer, 508 New York Avenue, 1st Floor Room 109 Sheboygan WI 53081