SHEBOYGAN COUNTY LICENSE APPLICATION
RETAIL FOOD ESTABLISHMENT - SERVING MEALS

Public Health
Sheboygan County
Division of Public Health

ESTABLISHMENT / DBA INFORMATION:			
ESTABLISHMENT / DBA NAME:		COUNTY:	
ESTABLISHMENT STREET ADDRESS:	CITY:	STATE:	ZIP:
EMAIL ADDRESS:		ESTABLISHMENT PHONE #: ( ) -	
INTENDED DATE OF OPENING:			

LEGAL ENTITY INFORMATION - *CHECK ONE*				
☐ Individual	☐ Married Couple	☐ Limited Liability Co (LLC)	☐ Limited Liability Partnership (LLP)	☐ Corporation
☐ Cooperative	☐ Partnership	☐ Limited Partnership (LP)	In what state is your entity registered?	
LEGAL ENTITY: (such as name of sole proprietor, partnership, LLC, LLP, or Inc.)				
LEGAL ENTITY MAILING ADDRESS:	CITY:	STATE:	ZIP:	
EMAIL ADDRESS:		LEGAL ENTITY PHONE NUMBER: ( ) -		

CONTACT INFORMATION			
CONTACT PERSON:	TITLE:	PHONE NUMBER: ( ) -	EMAIL ADDRESS:
SEND LICENSE TO: ☐ Establishment ☐ Legal Entity	WATER SOURCE: ☐ Public ☐ Private	WASTEWATER: ☐ Public ☐ Private	

Please call our office at 920-459-3207 prior to submitting your application to determine appropriate license category and required fees.

LICENSE FEES:					
	ANNUAL LICENSE FEE		PRE-INSPECTION FEE		TOTAL
☐ TAVERN NON-FOOD	$160.00	+	0	=	$160.00
☐ PREPACKAGED	$193.00	+	$250.00	=	$443.00
☐ SIMPLE	$426.00	+	$298.00	=	$724.00
☐ MODERATE	$514.00	+	$393.00	=	$907.00
☐ COMPLEX	$656.00	+	$572.00	=	$1,228.00
TOTAL AMOUNT ENCLOSED:	$_____				

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 may 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 30th; unless issued after April 1st, 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 for the Retail Food Establishment license under Wis. Stat. § 97.30.

SIGNATURE - APPLICANT:	DATESIGNED:

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