



WOOD COUNTY HEALTH DEPARTMENT APPLICATION FOR RETAIL FOOD ESTABLISHMENT PERMIT

*The mission of the
Wood County Health
Department is to
maximize quality of life
across the lifespan.*

In accordance with Wood County Ordinance 300 and 301 and Chapter 97, Wisconsin Statutes, I do hereby make application to the Wood County Health Department for an operating permit for the license year July 1, 2016 to June 30, 2017. **Operating in any part of the fiscal year requires a permit.**

PERMITS ARE NOT TRANSFERABLE

Establishment Name _____ ID# _____
Establishment Address _____
Owner Name _____ Total Gross Food Sales _____ (if applicable)
(List the individual, partnership, or corporation name and the agent)
Owner Address _____ email _____
Preferred mailing address for license and correspondence: ☐ Owner ☐ Establishment
Phone: Establishment _____ Home _____ (if applicable)
Signature of Applicant _____ Date _____

PROCESSING OPERATIONS:

Check the boxes (below) of all processing operations you perform and products you manufacture.

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

Days Of Week Open for Business (check all that apply)

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Daily Business Hours:

_____ a.m. to _____ p.m.

If seasonal, indicate months open:

From _____ to _____

Water Supply:

☐ Public ☐ Private

Sewage Disposal:

☐ Public ☐ Private

Certified Food Protection Manager _____

-OVER-

LICENSE FEE

PRE-LICENSING INSPECTION FEE

Required for new operators or change of operator.

	Lic. Cat.	License Description	Pre-Licensing Inspection Fee	License Fee
<input type="checkbox"/>	11	Large Potentially Hazardous - Processing potentially hazardous and food sales of at least \$1,000,000.	\$ 200.00	\$ 764.00
<input type="checkbox"/>	22	Small Potentially Hazardous – Processing potentially hazardous and food sales of at least \$25,000 but less than \$1,000,000.	\$ 150.00	\$ 297.00
<input type="checkbox"/>	33	Large Non-Potentially Hazardous - Is engaged in non-potentially hazardous food processing, food sales of at least \$25,000.	\$100.00	\$214.00
<input type="checkbox"/>	44	Very Small Non-Potentially or Potentially Hazardous Food sales of less than \$25,000, and is engaged in food processing.	\$ 75.00	\$ 71.00
<input type="checkbox"/>	55	Does not engage in food processing.	\$ 75.00	\$ 55.00

Check correct licensing category above if different than what is printed on the top front of license.

NOTE: Deli operations process potentially hazardous food. Include deli/restaurant sales in annual food sales calculation.

Annual Water Testing Fee Per Well Number of wells _____ (x) \$ 40.00
(if on a private well, bacteria and nitrate only) Additional charges may apply for repeat sampling

OTHER FEES

<input type="checkbox"/> Late Fee for a renewal application postmarked after June 30, 2016	\$150.00
<input type="checkbox"/> NSF Fee (includes account closed or check non-payable)	\$150.00
<input type="checkbox"/> Operating without a License	Double License Fee
<input type="checkbox"/> No Certified Operator ... will be given 30-day warning for first offense	\$150.00
<input type="checkbox"/> Special Inspection	\$175.00
<input type="checkbox"/> Duplicate Permit	\$ 20.00
<input type="checkbox"/> Re-inspection Fee (\$100.00 for each additional repeat inspection)	\$ 75.00
Total	\$ _____

License Fees	Other Fees	Pre-Licensing Fees	Total Fees
\$ _____ +	\$ _____ +	\$ _____ =	\$ _____

Deliver completed application and fee to:

Wood County Health Department
Attn: Environmental Health
420 Dewey St
Wisconsin Rapids WI 54494

Mail complete application and fee to:

Wood County Health Department
Attn: Environmental Health
P.O.BOX 8080
Wisconsin Rapids WI 54495

Phone (715) 421-8911 or (715) 387-8646

Make check or money order payable to: **Wood County**

A \$150.00 Late Fee will be charged for any application **postmarked after June 30, 2016**. Permit renewals not received by **July 15, 2016** will be referred to the office of Wood County Corporation Counsel for legal action.