



Confirmation of Application Receipt

JUNEAU COUNTY HEALTH DEPARTMENT APPLICATION FOR TEMPORARY FOOD SERVICE TEMPORARY RESTAURANT PERMIT

JUNEAU COUNTY PERMIT # 29-\_\_\_\_\_

In accordance with Juneau County Public Health Ordinance #11B and Public Food Safety Ordinance #11A, I do hereby make application to Juneau County Health Department for a temporary food service/restaurant operating permit for the dates indicated below. Inspection and licensing services are being provided by Wood County Health Department. Permits are not transferable. A separate permit is required for each temporary event, unless an annual license is purchased. License years run July 1-June 30. Annual permits will be rescinded if applicable food safety codes are not met. A Juneau County Temporary Food Service, Temporary Restaurant permit is required if you manufacture or prepare food for sale or offer food to the public. Per Wis. Administrative Code non-profit organizations may operate 3 days in a calendar year before a license is required. Proof of Nonprofit status is required.

Mail completed application to the Wood County Health Dept. at 111 W Jackson Street, Wisconsin Rapids WI 54495 or Fax to (715) 421-8962.

Nonprofit Organization or Association \_\_\_\_\_

Establishment Name \_\_\_\_\_

Establishment Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Owner Name \_\_\_\_\_ (List the individual, partnership, or corporation name and the agent)

Owner Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax/Email \_\_\_\_\_

- Juneau County License Fee - Per event fee in license year for stands only operating in Juneau County \$ 80.00
Juneau County Annual License Fee - Option for stands at multiple Juneau County events in license year, \$170.00 or to operate in multiple counties within WI (State License)
Inspection Fee - Per event fee for stands with current license from another county in WI \$ 35.00
Non-Profit Organization - First licensable event in license year (4th day or more) \$ 50.00

Operating without a License Fee Double License Fee

AMOUNT PAYABLE TO WOOD CO HEALTH DEPT. Total \$ \_\_\_\_\_

**NAME AND LOCATION OF EVENTS**

1. \_\_\_\_\_ **DATE** \_\_\_\_\_

2. \_\_\_\_\_ **DATE** \_\_\_\_\_

3. \_\_\_\_\_ **DATE** \_\_\_\_\_

1. Will all foods be prepared, (cut, mixed, cooked) at the temporary food service booth?  
**YES or NO** If No, Where will food preparation occur? \_\_\_\_\_

2. Menu: List all menu items.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. For each potentially hazardous food item prepared and served (i.e. meat, poultry, seafood, milk, eggs, etc.) indicate the source or manufacturer of these food supplies.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please describe:

Source and storage of water:

\_\_\_\_\_  
\_\_\_\_\_

Storage and disposal of wastewater: (**wastewater must be properly disposed of**)

\_\_\_\_\_  
\_\_\_\_\_

Storage and disposal of garbage:

\_\_\_\_\_

5. Temporary Food Booth:

Describe the construction and materials used for floor, walls, and ceiling surfaces:

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

**For any questions call the Wood County Health Dept. at (715) 421-8911 or (715) 387-8646. If you need a confirmation of application receipt, please add your email address or fax number.**