



ENVIRONMENTAL HEALTH PROGRAM
 412 West Kinne Street, P O Box 238
 Ellsworth, Wisconsin 54011
 (715) 273-6755, (715) 273-6854 FAX

For Office Use Only:	
ID Number	_____
Check Number	_____
Permit Number	_____
Date	_____
Initials	_____

RETAIL FOOD ESTABLISHMENT PERMIT APPLICATION

PLEASE CHECK ONE: New Establishment Change in Ownership Name Change **Only** Duplicate License

Establishment Name	_____		
Establishment Address	_____		
	STREET		
	CITY	STATE	ZIP
Establishment Telephone	()		
Legal Licensee Name	_____		
Licensee Address	_____		
	STREET		
	CITY	STATE	ZIP
Licensee Telephone	()		
Primary Contact	email address:		
Secondary Contact	NAME	PHONE NUMBER	
Previous Establishment Name	NAME	PHONE NUMBER	

Make check payable to Pierce County Public Health Department and mail to above address.
A pre-inspection Must Be completed prior to operating.

Food Service (Description)	Fees		
	Pre-Inspection Fees		Annual Permit Fees
	Existing Facility	New Construction	
<input type="checkbox"/> Not Engaged in Food Processing-Sells only prepackaged, potentially hazardous	\$69.00	\$124.00	\$69.00
<input type="checkbox"/> Potentially Hazardous Food Processing <\$25, 000 per year (Very Small)	\$92.00	\$147.00	\$92.00
<input type="checkbox"/> Non-Potentially Hazardous Food Processing <\$25,000 per year (Very Small)	\$92.00	\$147.00	\$92.00
<input type="checkbox"/> Non-Potentially Hazardous Food Processing >\$25,000 per year (Large-Non)	\$293.00	\$348.00	\$293.00
<input type="checkbox"/> Potentially Hazardous Food Processing > \$25,000 but < \$1,000,000 per year (Small)	\$408.00	\$463.00	\$408.00
<input type="checkbox"/> \$1,000,000 or more Potentially Hazardous Food Processing	\$1055.00	\$1110.00	\$1055.00
<input type="checkbox"/> Micro Market	N/A	N/A	\$ 44.00
<input type="checkbox"/> Micro Market 2 or more units at location	N/A	N/A	\$ 66.00

Please check all PROCESSING OPERATIONS this establishment will be conducting during the coming license year:

<input type="checkbox"/> Bakery	<input type="checkbox"/> Confectionery	<input type="checkbox"/> Ice Making	<input type="checkbox"/> Popping Corn	<input type="checkbox"/> Shell Egg Packaging
<input type="checkbox"/> Bottling	<input type="checkbox"/> Delicatessen	<input type="checkbox"/> Meat Cutting	<input type="checkbox"/> Packing	<input type="checkbox"/> Smoking/Curing
<input type="checkbox"/> Hot/Cold Beverages	<input type="checkbox"/> Freezing	<input type="checkbox"/> Meat Distributor	<input type="checkbox"/> Produce Processing	<input type="checkbox"/> Salvage
<input type="checkbox"/> Cooking	<input type="checkbox"/> Grinding	<input type="checkbox"/> Mixing	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Vacuum Packaging
<input type="checkbox"/> Catering	<input type="checkbox"/> Ice Cream/Soft Serve	<input type="checkbox"/> Mobile	<input type="checkbox"/> Seafood Department	<input type="checkbox"/> Wild Game
<input type="checkbox"/> Other (Please Specify): _____				

MISCELLANEOUS:

\$100 – Late Fee (see note below) \$ 15 - Duplicate License \$ 25 - Name Change Only \$100 - Consultation Fee

Water Public Private **Septic** Public Private

Intended Opening Date: ____/____/____ **When will the business be open?** Year Round Winter Summer

Planned hrs of operation? Sun ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____

Note: Applications & fees must be submitted at least 15 days prior to operation or a \$100 late fee may apply.

SIGNATURE OF LICENSEE OR AGENT _____ **TITLE** _____ **TODAY'S DATE** _____

YOUR SIGNATURE WILL ACKNOWLEDGE THAT YOU HAVE RECEIVED A COPY OF THE CODE OR INFORMATION AS TO WHERE TO OBTAIN A COPY AND WILL COMPLY WITH ALL APPLICABLE WISCONSIN ADMINISTRATIVE CODE(S).