

Buffalo County Health Department  
 407 South Second Street  
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 Alma WI 54610-0517



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 www.buffalocounty.com/331/Public-Health

**Buffalo County Health Department**  
*Prevent. Promote. Protect.*

**License Application – Retail Food Establishment – Not Serving Meals**

Wis. Stat. § 97.30

|  |   |  |  |                                      |
|--|---|--|--|--------------------------------------|
| <b>ESTABLISHMENT/DBA INFORMATION:</b>  |   |  |  |                                      |
| ESTABLISHMENT/DBA NAME:  |   |  | COUNTY:  |                                      |
| ESTABLISHMENT STREET ADDRESS:  |   | CITY:  |  | STATE: ZIP:                          |
| EMAIL ADDRESS:   |   |  | ESTABLISHMENT PHONE NUMBER:<br>( ) -                         |                                      |
| Choose One: <input type="checkbox"/> Plan Review Required – New Construction or Remodel; <input type="checkbox"/> No Plan Review – Existing Facility   |   |  |  |                                      |
| <b>LEGAL ENTITY INFORMATION – CHECK ONE</b>  |   |  |  |                                      |
| <input type="checkbox"/> Individual  | <input type="checkbox"/> Married Couple | <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Limited Liability Partnership (LLP) | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Cooperative   | <input type="checkbox"/> Partnership    | <input type="checkbox"/> Limited Partnership (LP)        | In what state is your entity registered?                     |                                      |
| LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.):  |   |  | COUNTY:  |                                      |
| LEGAL ENTITY MAILING ADDRESS:  |   | CITY:  |  | STATE: ZIP:                          |
| EMAIL ADDRESS:   |   |  | LEGAL ENTITY PHONE NUMBER:<br>( ) -                          |                                      |
| <b>CONTACT INFORMATION</b>   |   |  |  |                                      |
| CONTACT PERSON:  | TITLE:                                  | PHONE NUMBER:<br>( ) -                                   | EMAIL ADDRESS:   |                                      |
| <b>LICENSE FEES – Select one based on the permit category worksheet</b>  |   |  |  |                                      |
| <input type="checkbox"/> <b>Prepacked TCS Food – License Fee \$45.00</b> (Final Product Requires Temperature Control for Safety)   |   |  |  |                                      |
| <input type="checkbox"/> <b>Simple Non-TCS – License Fee \$60.00</b> (Final Product Does Not Require Temperature Control for Safety)   |   |  |  |                                      |
| <input type="checkbox"/> <b>Simple TCS – License Fee \$190</b> (Final Product Requires Temperature Control for Safety)   |   |  |  |                                      |
| <input type="checkbox"/> Moderate – License Fee \$265  |   |  |  |                                      |
| <input type="checkbox"/> Complex – License Fee \$685   |   |  |  |                                      |
| Total Amount Enclosed: \$  |   |  | Check Number   |                                      |
| <b>Please note – Meals could be prepared, served, and sold at your establishment, but cannot be the primary (greater than 50%) food activity. Please contact a Licensing Specialist if you think you have received this form in error.</b> |   |  |  |                                      |

**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 will 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 30<sup>th</sup> 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:

DATE SIGNED:

**Please mail application and payment to: Buffalo County Health Department 407 S 2<sup>nd</sup> St. PO Box 517 Alma, WI 54610**