Estab#	License Category:		Fee Processed:	Check#	
DATCP#		Effective Date:	Amount Paid: \$	Acct# 320-00000-43575	
		OFFICE LISE ONLY			

## **ENVIRONMENTAL HEALTH CONSORTIUM**

CUDAHY • SOUTH MILWAUKEE • ST. FRANCIS

SOUTH MILWAUKEE HEALTH DEPARTMENT 2424 15TH AVENUE

SOUTH MILWAUKEE, WI 53172 (414) 768-8055

FAX: (414) 768-5720

## PERMIT APPLICATION MOBILE RETAIL FOOD

Application is for: New Estab	lishment C	hange of Operator	Remo	del/Modification	Risk Change	
stablishment Name/DBA:				Establishment Tel	lephone:	
stablishment Address:						
illing Street Address, City, State & Zip Code (if	different than above	2):				
rimary Contact (Operator/Manager):	Primary Contact Telephone:					
rimary Contact Email:			Fax:			
egal Entity (check one): Sole Proprietor (I	ndividual) Pa	ortnership Corpora	ation/LLC*	Nonprofit Organizat	ion	
If licensed as a corporation, it must be registered wi	th the State of Wisco	onsin Department of Fina	ncial Institut	ions.		
Legal Licensee:					Legal Licensee Telephone:	
icensee Street Address, City, State & Zip Code						
Name of Corporate Contact/Agent (if applicable	e):					
, , , , , , , , , , , , , , , , , , , ,	,					
Corporate Contact/Agent Email:	Fax:					
NI Seller's Permit Number:	Name as it a	appears on Seller's Per	mit:			
Certified Food Manager Required:  No Yes	If yes, Name	e of CFM:				
PLEASE CHECK THE APPROPRIATE CAT	EGORY					
ESTABLISHMENT TYPE				FEES		
MOBILE RETAIL FOOD—NOT SER	VING MEALS	ANNUAL F	PERMIT	PRE-INSPECTION	PLAN REVIEV	
Prepackaged TCS Food	\$124.		\$149.00	\$93.00		
Simple Non-TCS Food	\$221.	00	\$155.00	\$103.00		
Simple TCS Food	\$392.	00	\$236.00	\$118.00		
Moderate	\$558.	00	\$372.00	\$130.00		
Complex	\$1,173	3.00	\$517.00	\$336.00		
MOBILE RETAIL FOOD—SERVI	ANNUAL F	PERMIT	PRE-INSPECTION	PLAN REVIEV		
Prepackaged TCS Food	\$217.	00	\$186.00	\$89.00		
Simple	\$431.	00	\$234.00	\$130.00		
Moderate	\$615.	00	\$391.00	\$211.00		
Complex		\$746.	00	\$545.00	\$278.00	
CHECKS OR MONEY ORDERS MADE OUT TO: CITY OF SOUTH MILWAUKEE				Total Due: \$		
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