



# Transient Retail Food Establishment License Application



Public Health  
Prevent. Promote. Protect.  
Fond du Lac County  
Health Department

**Applications must be received at least 14 days before the first event.**

**HEALTH DEPARTMENT APPROVAL:** If less than 5 days before an event, contact the Health Department at 920-929-3085 for approval before submitting this application. There will be a late fee \$50.00. Incomplete applications will not be approved.

### SECTION A: Applicant Information

Applicant/Organization Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Person in Charge of Food: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### SECTION B: Event Information

Name of First Event: \_\_\_\_\_ Location/Address of Event: \_\_\_\_\_

Date(s) of First Event: \_\_\_\_\_ Time of First Event: \_\_\_\_\_ Set Up Time: \_\_\_\_\_

.....  
Name of Additional Event \_\_\_\_\_ Location/Address of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_ Set Up Time: \_\_\_\_\_

.....  
Name of Additional Event \_\_\_\_\_ Location/Address of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_ Set Up Time: \_\_\_\_\_

### SECTION C: Non-Profit Organization

Are you a non-profit organization?  Yes  No

If yes, an organization is allowed 3 fee exempt days per year, after which permit fees will apply.

If registering only for fee exempt days email this form directly to [health@fdlco.wi.gov](mailto:health@fdlco.wi.gov) or mail to Health Department, 160 S. Macy Street, Fond du Lac, WI 54935

### SECTION D: Annual License Fees

\_\_\_\_\_ \$100 - Transient Retail Food Establishment Application Fee

\_\_\_\_\_ \$50 - Late Transient Retail Food Establishment Application Fee

\_\_\_\_\_ \$0 - Non-profit fee exemption

\_\_\_\_\_ \$50 - Inspection Fee (*Proof of license from other jurisdiction or DATCP required*)

\_\_\_\_\_ Total payment due - Make checks payable to Fond du Lac County Health Department

*Licenses expire June 30th of each year.*

*Licenses issued between April 1st and June 30th will expire on June 30th of the following year.*

**Submit Application to:**

**Fond du Lac County Health Department**

**160 S. Macy Street, Fond du Lac Wisconsin 54935**

**(920)929-3085**

**health@fdlco.wi.gov**

All stands must submit a general layout of the transient food stand indicating: location of equipment, handwashing, utensil washing, trash, work tables, food storage and single-service storage. Include where screening will be used to protect the food during preparation.

### SECTION E: Food Preparation

Where is your food source coming from (**Home prepared foods are not allowed.**):

- Restaurant       Retail Grocery       Wholesaler       Other

Specify:

Food Preparation Site (All food must be prepared at a commercial kitchen or on-site at event.):

- Off-site       On-site       Both off-site and on-site

Off-site kitchen name/address: \_\_\_\_\_

Food Transport Method:

- Ice Chest       Refrigerated Truck       Cambro       Other

Menu Information - List food items:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Cooking Equipment: \_\_\_\_\_

Hot Food Holding Equipment: \_\_\_\_\_

Cold Food Holding Equipment: \_\_\_\_\_

### SECTION F: Food Stand Requirements

Hand Washing Facilities:     Plumbed Sink       Temporary Station (Review Transient Retail Food Establishment: Key Points for requirements)

Additional Items:

- Disposable gloves, deli tissue, tongs, etc. (bare hands are not allowed to touch ready to eat food)
- Metal-stem food thermometer (required for foods needing temperature control)
- Sanitizer solution (bleach water or quaternary ammonia)
- Overhead protection (tent or canopy if outdoors) and floors must be maintained in sanitary condition
- Screening at food prep areas, if applicable
- All food must be protected from consumer contamination by the use of packaging, food shields, display cases or other effective means.
- Utensil washing facilities (required for on-site food prep and for events >1 day)

### SECTION G: Consent and Signature

I have read the "Transient Retail Food Establishments: Key Points" and agree to comply with all the requirements. I understand that changes to menu or set-up must be approved in advance and that unauthorized changes or WI Food Code violations may result in license revocation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**  
Payment entered:

Inspection Date:  
Deposit Date:

Sanitarian Initials:  
License Mailed: