



# Fond du Lac County Health Department

160 S. Macy St, Fond du Lac, WI 54935

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www.fdlco.wi.gov



**Public Health**  
Prevent. Promote. Protect.

**Fond du Lac County**  
Health Department

<b>FOR CENTRAL OFFICE USE ONLY</b>		
ASSIGNED EHS:		
Permit: HOLD <input type="checkbox"/>	RELEASE: <input type="checkbox"/>	
EXEMPT REVIEWED: <input type="checkbox"/>		
PERMIT DATE ISSUED:		
CHECK <input type="checkbox"/>	CASH <input type="checkbox"/>	CREDIT <input type="checkbox"/>
FEE(S) PAID: AMOUNT _____		
DEPOSITED:		
In Health Space:		

## TRANSIENT RETAIL FOOD ESTABLISHMENT APPLICATION

This form, along with a general layout drawing of the transient food stand, must be received 14 days prior to your first event. 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 \$50 late fee. Incomplete applications will not be approved.

### APPLICANT/ORGANIZATION INFORMATION:

APPLICANT NAME	PERSON IN CHARGE OF FOOD	CONTACT PHONE	
APPLICANT ADDRESS	CITY	STATE	ZIP
CONTACT E-MAIL ADDRESS			

### EVENT INFORMATION

**EVENT 1:**

NAME OF EVENT: \_\_\_\_\_ LOCATION/ADDRESS OF EVENT: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_ SET UP TIME: \_\_\_\_\_

**EVENT 2:**

NAME OF EVENT: \_\_\_\_\_ LOCATION/ADDRESS OF EVENT: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_ SET UP TIME: \_\_\_\_\_

**EVENT 3:**

NAME OF EVENT: \_\_\_\_\_ LOCATION/ADDRESS OF EVENT: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_ SET UP TIME: \_\_\_\_\_

### FOOD PREPARATION

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

Restaurant     Retail Grocery     Wholesaler     Other: \_\_\_\_\_

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

Off-Site     On-Site     Both Off-Site and On-Site

Off-Site Kitchen Name and Address: \_\_\_\_\_

Food Transport Method:

Cooler/Container     Refrigerated Truck     Cambro     Other: \_\_\_\_\_

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

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

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

(For electric coolers/refrigerators, commercial grade is required. For freezers, residential is acceptable)

MENU INFORMATION		
List the food items you will be providing:		
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOOD STAND REQUIREMENTS
<p><b>Please ensure you have the following items when you operate your food stand:</b></p> <ul style="list-style-type: none"> <li>• Disposable gloves, deli tissue, tongs, etc (bare hands are not allowed to touch ready to eat food).</li> <li>• Metal-stem food thermometer (required for foods needing temperature control).</li> <li>• Sanitizer solution (bleach water or quaternary ammonia).</li> <li>• Overhead protection (tent or canopy if outdoors) and floors must be maintained in sanitary condition.</li> <li>• Screening at food prep areas, if applicable.</li> <li>• All food must be protected from consumer contamination by the use of packaging, food shields, display cases or other effective means.</li> <li>• Utensil washing facilities (required for on-site food prep and for events more than one day).</li> <li>• Access to restroom facilities.</li> </ul> <p><b>What is your hand washing setup:</b> <input type="checkbox"/> Plumbed Sink      <input type="checkbox"/> Temporary Station <i>(Review Transient Retail Food Establishment Key Points for requirements)</i></p> <p><b>Have you attached a general layout drawing of your transient food stand to this application?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No (Required or license will not be released.)</p> <p><i>(Note: Indicate on the layout drawing: location of equipment, handwashing, utensil washing, trash, work tables, food storage, single-service storage, and where screening will be used to protect the food during preparation.)</i></p>

ANNUAL LICENSE FEE
<p><input type="checkbox"/> \$100 Transient Retail Food Establishment License Fee</p> <p><input type="checkbox"/> \$50 Late Transient Retail Food Establishment Application Fee <i>(application received less than 14 days from first event)</i></p> <p><input type="checkbox"/> \$0 Non-Profit organization with 3-day exemption</p> <p><b>Total Amount: \$ _____</b></p> <p><i>Make check payable to: Fond du Lac County Health Department, 160 S. Macy Street, Fond du Lac, WI 54935.</i></p>

Licenses are not transferable. All licenses expire on June 30<sup>th</sup> annually. Licenses issued between April 1<sup>st</sup> – June 30<sup>th</sup> will expire on June 30<sup>th</sup> of the following year. The license fee is not prorated for a partial license year.

- Wis. Stat. § 97.67 (5) and 97.605 (1)(c) "No license may be issued until all applicable fees have been paid."
- Wis. Stat. § 97.605 (1)(a) "No person may conduct, maintain, manage or operate a hotel, restaurant, temporary restaurant, tourist rooming house, vending machine commissary or vending machine if the person has not been issued an annual license by the department or by a local health department that is granted agent status under s. 97.615 (2)."

Your signature below acknowledges that you will comply with all applicable Wisconsin Administrative Code(s). Personally identifiable information you provide may be used for purposes other than that for which it was collected. Wis. Stat. §15.04 (1)(m). You are not licensed to operate until the department conducts an inspection and releases a license to you. You consent to entry on the premises by the Fond du Lac County Health Department personnel for purposes of inspection at all reasonable hours. Missing information may delay the issuance of your license. The undersigned hereby certifies that this is a true, complete and accurate application for the Retail Food Establishment license under Wis. Stat. § 97.30.

<b>SIGNATURE - APPLICANT</b>	<b>DATE SIGNED</b>
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**SUBMIT THIS APPLICATION TO: Fond du Lac County Health Department, 160 S. Macy Street, Fond du Lac, WI 54935**