



Chippewa County Department of Public Health

711 N Bridge Street, Room 121, Chippewa Falls, WI 54729
P: 715.726.7900 / 1.800.400.3678 / F: 715.726.7910
health@chippewacountywi.us



LICENSE APPLICATION – MICRO MARKET

Wis. Stat. § 97.30

ESTABLISHMENT/DBA INFORMATION:			
ESTABLISHMENT/DBA NAME:		COUNTY:	
ESTABLISHMENT STREET ADDRESS:	CITY:	STATE:	ZIP:
EMAIL ADDRESS:		ESTABLISHMENT PHONE NUMBER: () -	

LEGAL ENTITY INFORMATION – CHECK ONE				
<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: () -	

CONTACT INFORMATION			
CONTACT PERSON:	TITLE:	PHONE NUMBER: () -	EMAIL ADDRESS:

FEE AMOUNTS –	Choose One	Fees available on separate document
One Micro Market in a Building	<input type="checkbox"/>	\$
Two or More Micro Markets in a Building	<input type="checkbox"/>	\$

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 an operating without a license fee 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 30th 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:	AMOUNT ENCLOSED:
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Please mail application and payment to: Chippewa County Department of Public Health, 711 N Bridge Street, Rm 121, Chippewa Falls, WI 54729

Completion of this form is voluntary, however, to receive a permit you must complete the form.