

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
www.co.chippewa.wi.us/ccdph



LICENSE APPLICATION – Retail Food Establishment– Serving Meals, Mobile

ESTABLISHMENT/DBA INFORMATION:				
ESTABLISHMENT NAME:			COUNTY:	
SERVICE BASE STREET ADDRESS:			CITY:	STATE: ZIP:
EMAIL ADDRESS:			ESTABLISHMENT PHONE: () -	
Choose One: ☐ Plan Review Required – New Construction or Remodel; ☐ No Plan Review – Existing Facility				
LEGAL ENTITY INFORMATION – CHECK ONE				
☐ Individual	☐ Married Couple	☐ Limited Liability Company (LLC)	☐ Limited Liability Partnership (LLP)	☐ Corporation
☐ Cooperative	☐ Partnership	☐ 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: () -	
CONTACT INFORMATION				
CONTACT PERSON:	TITLE:	PHONE: () -	EMAIL ADDRESS:	
SERVICE LOCATIONS				
Mobile Unit Service Planned Locations Dates and Times/ Events Attending:				
LICENSE FEES – Choose one from each category using the point assessment worksheet				
Retail Mobile Unit Fees ☐ Prepackaged ☐ Simple ☐ Moderate ☐ Complex		Retail Service Base Fees ☐ Prepackaged ☐ Simple ☐ Moderate ☐ Complex		
FEE AMOUNTS – Must have a mobile unit and a service base fee				
LICENSE FEE: Mobile Fee _____ + Base Fee = Total Amount Due			TOTAL AMOUNT PAID: CHECK #:	

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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 30; unless issued after April 1, 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.

Within **30 days** after receiving a complete application for a license, the department or its agent shall either approve the application and issue a license or deny the application. If the application for a license is denied, the department or its agent shall give the applicant reasons, in writing, for the denial. A license shall not be issued to an operator without prior inspection.

SIGNATURE – APPLICANT:

DATE SIGNED:

Please mail application and payment to:
Chippewa County Department of Public Health, 711 N Bridge Street, RM 121, Chippewa Falls, WI 54729

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