



CHIPPEWA COUNTY DEPARTMENT OF PUBLIC HEALTH
Environmental Health Section
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 health@chippewacountywi.gov

FOR HHS OFFICE USE ONLY	
<input type="checkbox"/> 12 MONTH PERMIT	<input type="checkbox"/> 15 MONTH PERMIT
LICENSE NO.	
DATE ISSUED	
FEE(S) PAID	

Retail Food Establishment License Application

Wis. Stat. § 97.30

1. Please complete this form, detailing physical layout and operation of your facility. Once completed, please submit application and fee(s). Payments by check or money order, payable to Chippewa County Public Health at the address listed at the top of the application. Credit card payment accepted at <https://www.chippewacountywi.gov/government/environmental-health>

2. Contact a Chippewa County Public Health Sanitarian to schedule a licensing inspection. Inspection shall completed within 30 days of application being submitted.

ESTABLISHMENT NAME	ESTABLISHMENT PHONE: () -	CERTIFIED FOOD MANAGER (CFM)	
ESTABLISHMENT STREET ADDRESS	CITY	STATE	ZIP
PRIMARY CONTACT NAME	PRIMARY CONTACT TELEPHONE () -	TOWNSHIP (of establishment)	
LEGAL LICENSEE (such as name of sole proprietor, partnership, LLC, LLP, or Inc.)	LEGAL LICENSEE TELEPHONE () -	EMAIL ADDRESS	
LEGAL LICENSEE STREET ADDRESS	CITY	STATE	ZIP
NAME OF FORMER BUSINESS	NAME OF FORMER OPERATOR	INTENT DATE OF OPERATION	

LICENSE INFORMATION

NEW BUILDING CONSTRUCTION AND RESTAURANT LICENSE*
 CHANGE OF RESTAURANT OPERATOR WITHOUT REMODEL

CHANGE OF RESTAURANT OPERATOR WITH REMODEL*
 MODIFYING AN EXISTING BUILDNG AS A RESTAURANT*

*If you are constructing a new facility or remodeling an existing facility a plan review is required. Complete plans include: a detailed floor plan including equipment and plumbing fixtures, menu, equipment list and specification sheets, and floors, walls and ceilings material list. Please see reverse side of application for additional information.

RETAIL FOOD LICENSE REQUESTED- See last page for chart to determine permit category

Non-Meal License:

Meals could be prepared, served, and sold at your establishment, but cannot be greater than 50% food activity.

Prepackaged Off-Premise
 Full-Service – Simple- TCS*
 Full-Service – Moderate*
 Full-Service – Complex*

Meal License:

*Meals greater than 50% food activity
 (Beer and liquor sales do not count towards food activity)*

Prepackaged Off-Premise
 Full-Service – Simple*
 Full-Service – Moderate*
 Full-Service – Complex*

WATER SOURCE

Private Well (bacteria & nitrate sample required)
 Municipality Water- Municipality _____

Private Well, DNR Program (25+ people, at least 60 days a year)
 Water Sample done by Public Health (\$25.00 bacteria & \$30.00 nitrate)

LICENSE FEES AVAILABLE ON SEPARATE FEE DOCUMENT

- *Additional fees may be invoiced at your next inspection if your establishment has a change in processes or level of operation.
- If the Environmental Health staff is unable to conduct and/or complete an inspection due to intimidating, threatening, or other behavior that obstructs the inspector, a re-inspection fee will be charged for each additional visit conducted.

TOTAL AMOUNT ENCLOSED: \$ _____

(Only choose one category, based on food activities at establishment)

CHECK NUMBER: _____

Your signature below will acknowledge that you have received a copy of the code or information as to where to obtain a copy and 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). ***Completion of this form is voluntary, however, to receive a permit you must complete the form.**

SIGNATURE – APPLICANT

DATE SIGNED

OPERATION DETAILSDo you offer a self-service food bar? YES NOWill you keep food in a steam table or warmer? YES NO

What is your seating capacity?

SINKS**Handwashing Sink**

At least one handwashing sink is required. Handwashing sinks shall be conveniently located near food activity stations and dish cleaning areas and they cannot be blocked by doors or equipment. Typically, more than one handwash sink is required. All new faucets must be hands free.

Utility/Service Sink

At least 1 service sink or 1 curbed cleaning facility equipped with a floor drain shall be provided and conveniently located for the cleaning of mops or similar wet floor cleaning tools and for the disposal of mop water and similar liquid waste.

Food Preparation Sink

A food prep sink is required when food items need cleaning or thawing by placing them in a sink below the flood rim. This requirement is for new facilities and when existing facilities change ownership.

PLEASE INDICATE THE NUMBER OF EACH SINK TYPE BELOW:**HANDWASHING SINK****SERVICE SINK****FOOD PREPARATION SINK****UTENSIL AND WAREWASHING**

A facility needs the adequate capacity to store soiled utensils prior to washing and needs sufficient space to allow for air drying of the clean utensils. Equipment must be available to adequately wash, rinse and sanitize dishes and utensils; please indicate your method below.

THREE COMPARTMENT SINK WITH DRAIN BOARDS
 MECHANICAL DISHWASHER
 OTHER, EXPLAIN:

COOLERS AND FREEZERS

Please list the make, model and square foot capacity of your mechanical food storage equipment below. Residential coolers are not allowed and residential freezers are allowed only for storage of commercially frozen foods.

1.

2.

3.

4.

5.

FLOORS, WALLS AND CEILINGS

Specify the type and color of finish material, i.e., fiberglass reinforced plastic panels, high gloss enamel paint, commercial vinyl floor tile, vinyl coated drop-in acoustical tile. All finishes in referenced area must be smooth, non-absorbent, and light colored.

KITCHEN	FLOOR	WALL	CEILING
FOOD PREPARATION AREA			
COOKING / COOKLINE			
WAREWASHING AREA			
FOOD STORAGE			
JANITOR CLOSET			
BAR / SERVICE COUNTER			
WALK-IN REFRIGERATORS AND FREEZERS			

ADDITIONAL AREA INFORMATION

Please indicate whether your facility has the designated areas listed below or the reason your establishment does not have them:

EMPLOYEE AREA: YES NO If no, please explain: _____DRY STORAGE AREA: YES NO If no, please explain: _____

Processes (check all that apply):

Thawing Reduced Oxygen Packaging Hot Holding Buffet Fruit and Vegetable Washing Catering
 Distribution/Wholesaling Cooling Smoking Outdoor Cooking Sous Vide Fermentation
 Does not Process

***Attach a copy of the menu and a floor plan layout.**

Floor plan should be drawn to scale with equipment and sinks labeled.

Retail Food Establishment – Complexity Category Calculator

A retail food establishment - not serving meals is a retail food establishment at which meal sales are not the predominant activity. This calculator is utilized to help determine a retail food establishment's complexity category, which determines your license type and license fees. **The complexity category is needed to complete your license application.**

Fill out tables below to determine your complexity category.

Table 1: Annual Sales Volume Information- Check One (Non-Meal Applicants Only)

<input type="checkbox"/> Establishment has annual gross food sale receipts less than \$25,000.	.25
<input type="checkbox"/> Establishment and has annual gross food sale receipts more than \$25,000 but not more than \$1,000,000.	.5
<input type="checkbox"/> Establishment has annual gross food sale receipts more than \$1,000,000 but not more than \$5,000,000.	1
<input type="checkbox"/> Establishment has annual gross food sale receipts more than \$5,000,000.	2

Table 2: Risk Complexity Calculation- Check All That Apply (All Applicants)

<input type="checkbox"/> Establishment has a self-service salad bar or food bar*. Does not include condiments, bakery or toppings.	1
<input type="checkbox"/> Establishment processes fresh or frozen raw poultry, meat, seafood, or eggs.	1
<input type="checkbox"/> Establishment operates using a variance or HACCP plan.	1
<input type="checkbox"/> Establishment operates using a Bare Hand Contact or Time as a Public Health Control Plan.	1
<input type="checkbox"/> Establishment offers catering or preordered meals in bulk quantity for events.	1
<input type="checkbox"/> Establishment cold holds, hot holds, or reheats time/temperature for safety foods.	1
<input type="checkbox"/> Establishment does cooling of cooked or reheated time/temperature control for safety foods.	1
<input type="checkbox"/> Establishment wholesales foods that requires refrigeration.	1
<input type="checkbox"/> Establishment chops, dices, mixes, slices, blanches, boils, cooks, packages, or assembles product.	1
<input type="checkbox"/> Establishment has an additional area(s), other than the main kitchen, where food preparation activities occur.	1
<input type="checkbox"/> Establishment prepares food specifically for a highly susceptible population, such as a nursing home or day care.	1
<input type="checkbox"/> Establishment has a customer seating capacity greater than 75, or has a drive-through window.	1

Calculation Instructions – Add All Points from Table 1 and Table 2 to Determine Retail Food Establishment Complexity

Table 1 Total (non-meal establishments only) + Table 2 Total (all establishments) =

use total to select your complexity on the table below. This will be used for your application.

<input type="checkbox"/> 0 – 2.5, simple	<input type="checkbox"/> 2.75 – 4.5, moderate	<input type="checkbox"/> Greater than 4.5, complex
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Please review Wis. Admin. Code § ATCP 75.08 for specific rule language regarding complexity category assignment.

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)."

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.

CHIPPEWA COUNTY



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Public Health

