

DUNN COUNTY HEALTH DEPARTMENT



ENVIRONMENTAL HEALTH SECTION
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For Office Use Only:	
ID#	_____
Preinspection fee \$	_____
Permit fee \$	_____
Clk.#	_____
Permit #	_____
Date	_____
Initial	_____

FOOD AND BEVERAGE ESTABLISHMENT PERMIT APPLICATION:

INSTRUCTIONS: Answer applicable area of form and return to Dunn Co. Health Dept with payment. **Do Not Send Currency.**

1. NAME OF FACILITY	FACILITY TELEPHONE NO.	
_____	_____	_____
	(Area Code)	(Phone Number)
2. LOCATION OF FACILITY		
_____	_____	_____
(Address)	(Post Office)	(Zip Code)
3. NAME OF LEGAL LICENSEE	TELEPHONE NO.	
_____	_____	_____
(Individual, firm, corporation, society, institution, public body, or any other entity.)	(Area Code)	(Phone Number)
4. LICENSEE ADDRESS		

(If same location as "2. Location of Facility" above, then enter, "same") (SS# or Drivers License No.-only for Tattoo & Piercing Pract.)		

5. TYPE OF FACILITY (Check Pre-Inspection and Permit desired)

RESTAURANT: <input type="checkbox"/> \$ 200 - Pre-inspection Simple <input type="checkbox"/> \$ 275 - Pre-inspection Moderate <input type="checkbox"/> \$ 350 - Pre-inspection Complex <input type="checkbox"/> \$ 125 - Pre-inspection Limited <input type="checkbox"/> \$ 275 - Simple* (\$23 state) <input type="checkbox"/> \$ 385 - Moderate* (\$33 state) <input type="checkbox"/> \$ 495 - Complex* (\$54 state) <input type="checkbox"/> \$ 121 - Limited* (\$10.50 state) <input type="checkbox"/> \$ 148.50-Temporary Restaurant Permit -\$12.50 <input type="checkbox"/> \$ 25-Temporary Restaurant Inspection <input type="checkbox"/> \$ 121 - Additional area (\$10.50 state) <input type="checkbox"/> \$ 247.50 - School-Full Service (\$44 state) <input type="checkbox"/> \$ 121 - School - Limited (\$10.50 state)	**A 10% State Reimbursement will be added to all annual permit fees only. PI Fee = _____ Annual Fee = _____ 10% State Fee = _____ **Total Due = _____
	*One Certified Food Handler is REQUIRED at all simple, moderate and complex licensed food establishments. Limited excluded. (Must obtain within 6 months.)
	Certified Food Handler Information: Name: _____ Certificate #: _____ Expiration Date: ____/____/____
Notes: _____ _____ _____ _____	

6. Date you wish facility to open for business:	7. Check season of operation category:	
_____	<input type="checkbox"/> Year around	<input type="checkbox"/> Winter <input type="checkbox"/> Summer
8. Has this location previously had a permit:	9. Name of previous establishment: (If known)	10. Number Seats/Rooms:
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
11. Signature of person completing this application:		
_____	_____	_____
Name	Position or Title	Date