

DUNN COUNTY HEALTH DEPARTMENT



ENVIRONMENTAL HEALTH SECTION
 3001 US HWY 12 E, Suite 032
 MENOMONIE, WI 54751
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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.***

FACILITY NAME	LEGAL LICENSEE NAME
FACILITY ADDRESS	LICENSEE ADDRESS
FACILITY CITY, STATE, ZIP	LICENSEE CITY, STATE, ZIP
FACILITY PHONE	LICENSEE PHONE
FACILITY E-MAIL	LICENSEE E-MAIL
ON-SITE CONTACT	OWNER/LICENSEE CONTACT NAME

Tattoo or Piercing SS# or Driver's License # _____

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

<p>RESTAURANT:</p> <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)	<p>**A 10% State Reimbursement will be added to all annual permit fees only.</p> <p>PI Fee = _____ Annual Fee = _____ 10% State Fee = _____</p> <p>**Total Due = _____</p>
	<p>*One Certified Food Handler is REQUIRED at all simple, moderate and complex licensed food establishments. Limited excluded. (Must obtain within 6 months.)</p>
	<p>Certified Food Handler Information:</p> <p>Name: _____ Certificate #: _____ Expiration Date: ____/____/____</p>
<p>Notes:</p> <p>_____ _____ _____ _____</p>	

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 _____