

DUNN COUNTY HEALTH DEPARTMENT



ENVIRONMENTAL HEALTH SECTION
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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 |

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

| | |
|---|---|
| <p>RESTAURANT:</p> <input type="checkbox"/> \$ 215 - Pre-inspection Low Risk <input type="checkbox"/> \$ 300 - Pre-inspection Moderate Risk <input type="checkbox"/> \$ 385 - Pre-inspection High Risk <input type="checkbox"/> \$ 140 - Pre-inspection Prepackaged <input type="checkbox"/> \$ 330 - Low Risk* <input type="checkbox"/> \$ 460 - Moderate Risk* <input type="checkbox"/> \$ 600 - High Risk* <input type="checkbox"/> \$ 145 - Prepackaged <input type="checkbox"/> \$ 145 - Additional Restaurant Area <input type="checkbox"/> \$ 190 - Temporary Restaurant Permit <input type="checkbox"/> \$ 25 - Temporary Restaurant Inspection <input type="checkbox"/> \$ 325 - School Inspection-Full Service <input type="checkbox"/> \$ 145 - School Inspection-Limited | <p>Pre-Inspection Fee _____</p> <p style="text-align: center;">+</p> <p>Annual Fee _____</p> <p style="text-align: center;">= Total Due _____</p> |
| | <p>*One Certified Food Handler is REQUIRED at all low, moderate and high-risk licensed food establishments. Prepackaged excluded. (Must obtain within 6 months.)</p> |
| | <p>Certified Food Handler Information:</p> <p>Name: _____</p> <p>Certificate #: _____</p> <p>Expiration Date: ____/____/____</p> |
| <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p> | |

| | | | |
|---|--|---|--|
| 6. Date you wish facility to open for business: | | 7. Check season of operation category: | |
| | | <input type="checkbox"/> Year-round <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: | | | |
| _____ | | | |
| Print Name | Position/Title | Date | |
| _____ | _____ | _____ | |