



PIERCE COUNTY PUBLIC HEALTH DEPARTMENT

412 West Kinne Street, P O Box 238
Ellsworth, Wisconsin 54011
(715) 273-6755, (715) 273-6854 FAX

For Office Use Only:	
ID Number	_____
Check Number	_____
Permit Number	_____
Date	_____
Initials	_____

PUBLIC FOOD FACILITY PERMIT APPLICATION

PLEASE CHECK ONE: New Establishment Change in Ownership Name Change **Only** Duplicate License

Establishment Name	_____		
Establishment Address	STREET _____		
	CITY _____	STATE _____	ZIP _____
Establishment Telephone	() _____		
Legal Licensee Name	_____		
Licensee Address	STREET _____		
	CITY _____	STATE _____	ZIP _____
Licensee Telephone	() _____	email address:	_____
Primary Contact	NAME _____	PHONE NUMBER	_____
Secondary Contact	NAME _____	PHONE NUMBER	_____
Previous Establishment Name	_____		

Make check payable to Pierce County Public Health Department and mail to above address.

<u>Pre-packaged</u> <input type="checkbox"/> \$ 209 – Pre-Inspection <input type="checkbox"/> \$ 259 – Pre-Inspection New Construction <input type="checkbox"/> \$ 161 – Annual Permit <u>Simple Risk</u> <input type="checkbox"/> \$ 278 – Pre-Inspection <input type="checkbox"/> \$ 328 – Pre-Inspection New Construction <input type="checkbox"/> \$ 253 – Annual Permit <u>Moderate Risk</u> <input type="checkbox"/> \$ 413 – Pre-Inspection <input type="checkbox"/> \$ 462 – Pre-Inspection New Construction <input type="checkbox"/> \$ 363 – Annual Permit <u>Complex Risk</u> <input type="checkbox"/> \$ 557 – Pre-Inspection <input type="checkbox"/> \$ 606 – Pre-Inspection New Construction <input type="checkbox"/> \$ 594 – Annual Permit <u>Additional Area</u> <input type="checkbox"/> \$ 220 – Pre-Inspection <input type="checkbox"/> \$ 270 – Pre-Inspection New Construction <input type="checkbox"/> \$ 132 – Annual Permit	MISCELLANEOUS: <input type="checkbox"/> \$100 – Late Fee (see note below) <input type="checkbox"/> \$ 15 - Duplicate License <input type="checkbox"/> \$ 25 - Name Change Only <input type="checkbox"/> \$100 - Consultation Fee Seating Capacity: _____ Restaurant Manager Certification: Name: _____ ID Number: _____ Expiration Date: ____/____/____
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Water Public Private

Septic Public Private

Intended Opening Date: ____/____/____

When is your facility open for business? Year Round Winter Summer

Planned hrs of operation?

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

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).

Note: Applications & fees must be submitted at least 15 days prior to operation or a \$100 late fee may apply.

SIGNATURE OF LICENSEE OR AGENT

TITLE

TODAY'S DATE

A pre-inspection Must Be completed prior to operating.

DETERMINATION OF RESTAURANT PERMIT CATEGORY:

Interpretation:

The Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP) identifies full service food licenses as simple, moderate or high risk facilities according to the food served, the method in which food is prepared and the population (seating) or number of people that are served at that facility.

Answer the questions below

1. Simple Risk Establishments:

- Yes No Food is not prepared until an order is placed.
- Yes No Food items are held hot for one meal period or for a maximum of 4 hours, whichever is less.
- Yes No Food preparation is limited to mixing together prepackaged products that do not need to be cooked further except for aesthetic reasons (such as frozen soup concentrate with milk), or to condiment preparation (such as slicing pickles and onions).

2. Moderate Risk Establishments:

- Yes No The restaurant contains a self-service salad or food bar.
- Yes No The restaurant handles raw poultry, meat, or seafood.
- Yes No The seating capacity of the restaurant or operation is 50 or more.
- Yes No Food is served through a drive through window for food pickup.
- Yes No The restaurant promotes delivery of ready-to-eat food products to customers.
- Yes No Potentially hazardous foods are cooled, reheated, or hot or cold held for service longer than 4 hours.
- Yes No Food is prepared in one location and then transported to be served in another location.
- Yes No The restaurant contains or uses banquet facilities as well as main dining area.
- Yes No Food is served that requires preparation activities such as chopping, dicing, slicing, boiling, cooling, blanching, or reheating in order for that product to be served.

3. Complex Risk Establishments:

- Yes No Contain 5 or more bullet points in the Moderate Risk category above.
- Yes No Facility has been ordered closed by a state or local health department within the previous licensing year.
- Yes No The facility has caused a foodborne outbreak within the previous licensing year.

Your facility is classified as:

SIMPLE RISK

MODERATE RISK

COMPLEX RISK